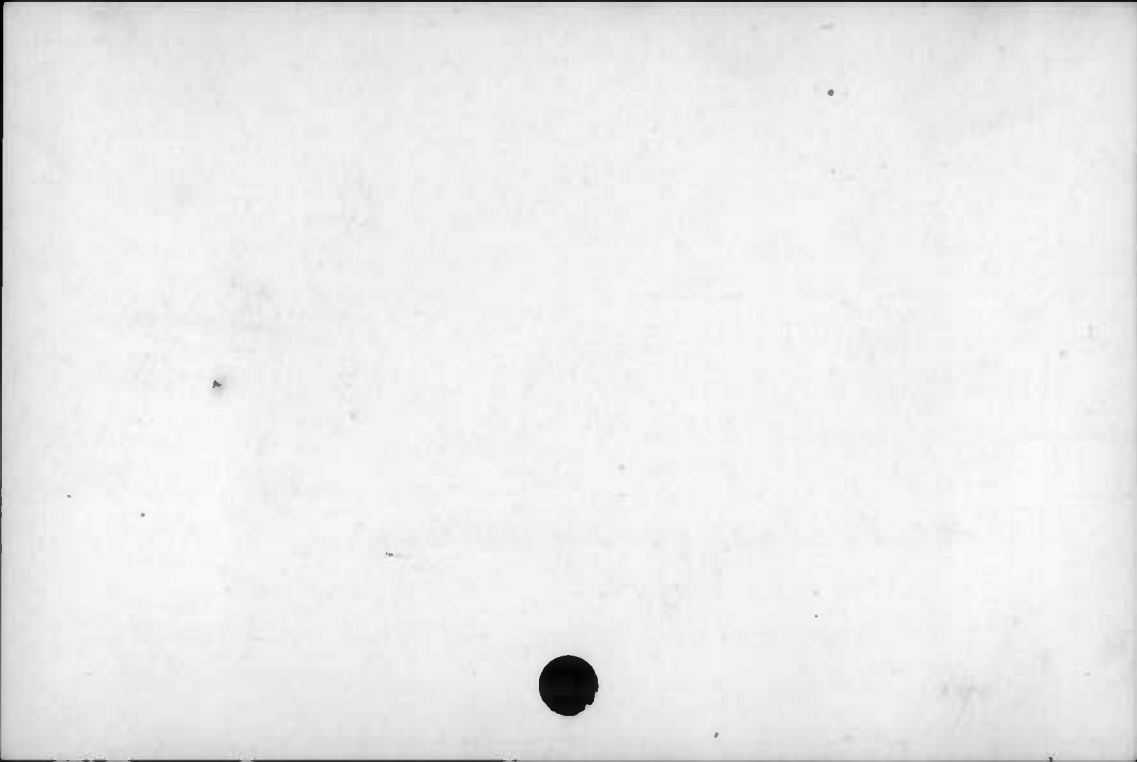


Name in Full		Bobby Andrew				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Emmitsburg		Frederick		MARYLAND
	Date of death		1908	Month Sept	Day 26	Age	Still born Infant.
	Sex		Male		Color or Race	White	Birth- place
	Occupation		Infant		Where Residing if not at place of death		
	Married, Single or Widowed		~		Name of Wife or Husband		
	Father's Name		George Andrew		Father's Birthplace		
	Mother's Maiden Name		Annie Horbaugh		Mother's Birthplace		
Name of person giving Information		M. F. Shuff		How related to deceased			
				Undertaker			
<div>CAUSES OF DEATH</div> <div>(S)</div>							
PHYSICIAN OR CORONER	Primary		Still born Infant		How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		
	Accident or Suicide?				Address		
				B. L. Jamison			
				Emmitsburg			
				Md.			



Name
in
Full

Maddie J. Ashbaugh

CERTIFICATE OF DEATH

Died at *Emmitsburg*

County

Frederick

MARYLAND

Date
of death 1908

Month

9

Day

7

Age

Years

—

Months

2

Days

19

Sex

*Female*Color or
Race*White*Birth-
place*Emmitsburg Md*

Occupation

*Infant*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Herbert M. Ashbaugh*Father's
Birthplace*Md*Mother's
Maiden Name*Della G. Gelwickes*Mother's
Birthplace*"*Name of person giving
In formation*Herbert M. Ashbaugh*How related
to deceased*Father*

CAUSES OF DEATH

105

Primary

Acute Dyspeptic Diarrhea

How long

3 days.

Immediate

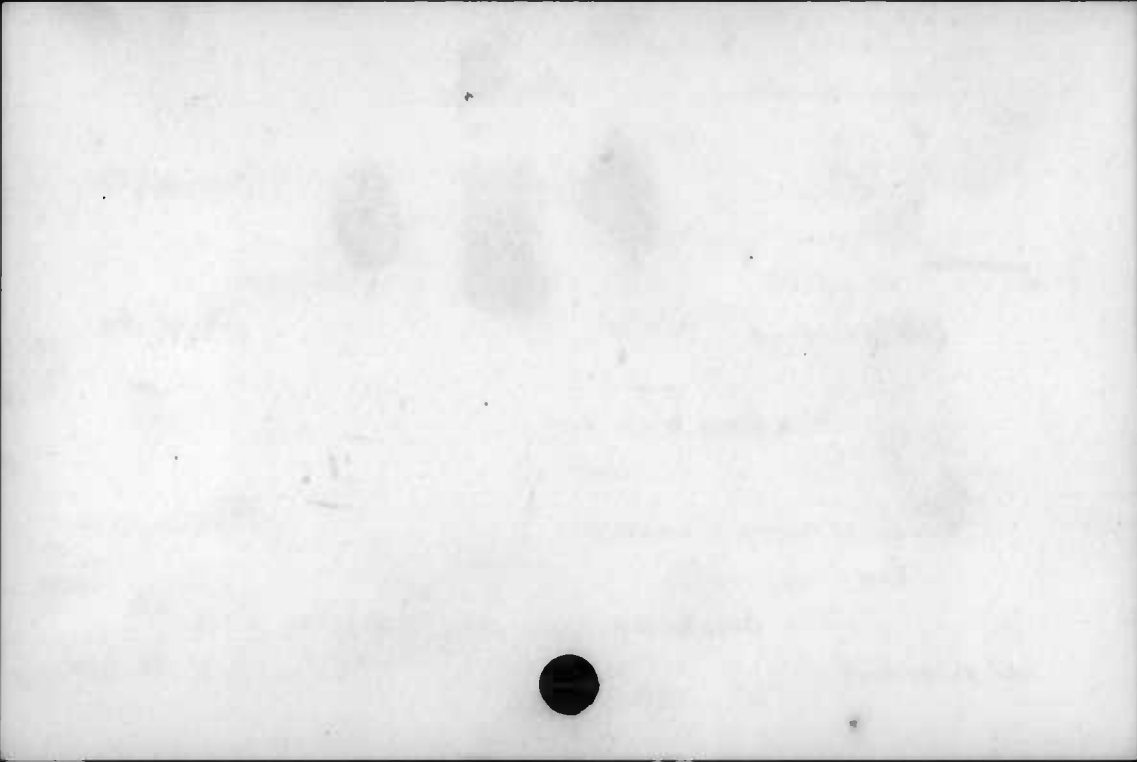
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Ch. W. Stone
Emmitsburg
Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret. Baggase

Town

County

MARYLAND

Died at Union Bridge. Fred

Date

of death 1907

Month

Sept.

Day

13

Years

Age 78.

Months

7

Days

5

Sex

Female.

Color or
Race

White

Birth-
place

Frederick Co.

Occupation

House Keeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Divorced

Name of Wife or
Husband

Richard Baggase

Father's
Name

Solomon Fogle

Father's
Birthplace

Fred Co

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Miss Lucy Singer

How related
to deceased

Niece

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary disease

How long

Four years

Immediate

Collapse

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Except age

Signature of
Physician

Address

James Watt

Union Bridge

not recorded.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

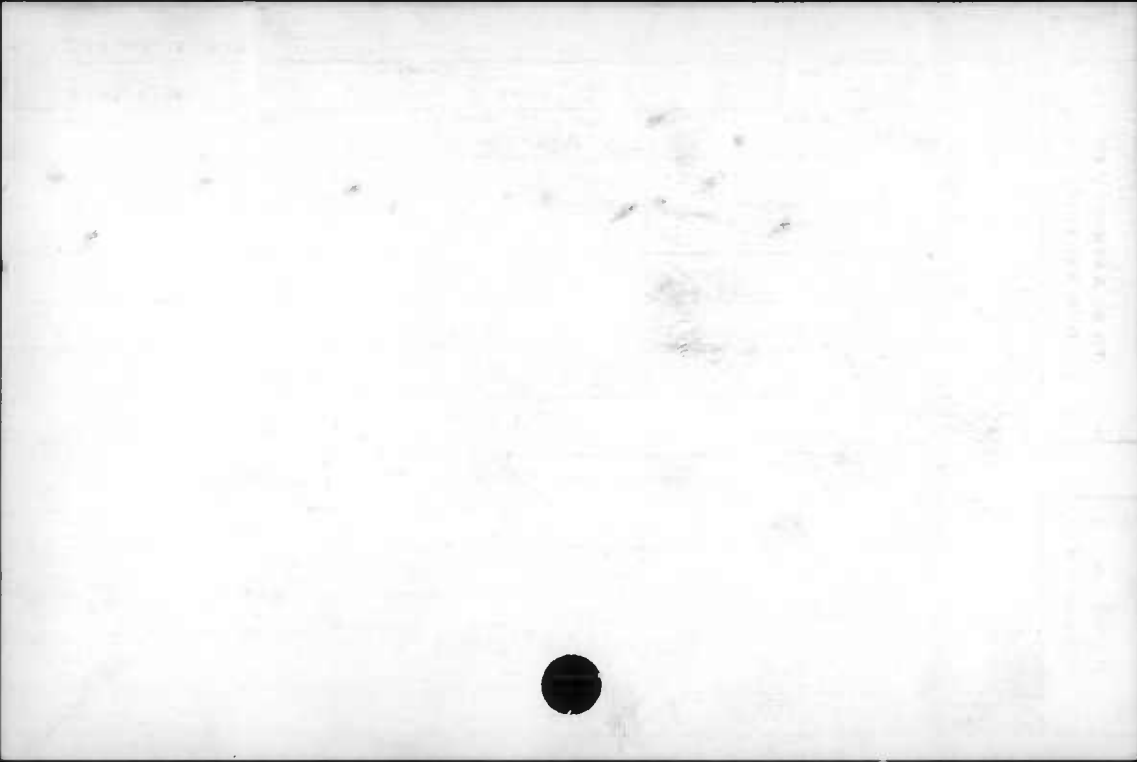
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Sept	22	64	6	21	
Sex		Color or Race		Birth-place			
Male		White		Burkittsville		Maryland	
Occupation				Where Residing if not at place of death			
Purchasing Agent B.O.R.R.				—			
Married, Single or Widowed		Name of Wife or Husband					
Married		Sophia		Dixon Biser			
Father's Name		Father's Birthplace					
Daniel S. Biser		Frederick		Maryland			
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Kern		"					
Name of person giving Information		How related to deceased					
Mrs. Sophia Biser		Wife					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	How long
Paralysis Brain Tumor	1 year +
Diabetes, Paralysis (2 strokes)	
Immediate	How long
Pneumonia (streptococci) (Asphyxia?)	5 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	C. W. R. C. M. M.
	Address
	Brownsville
	Md.
Accident or Suicide	



Name
in
Full

Florence M. Blair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>9</i> <small>Month</small>	<i>20</i> <small>Day</small>	<i>0</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>4</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick</i>		
Occupation <i>~~~~~</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>~~~~~</i>			
Father's Name <i>Paul Blair</i>			Father's Birthplace <i>Frederick Md</i>		
Mother's Maiden Name <i>Sarah E. Bartgis</i>			Mother's Birthplace <i>Fred'd. Co. Md</i>		
Name of person giving information <i>Mrs. Paul Blair</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Months.</i>
Immediate <i>Asthma</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. Thomas, M.D.</i>
<i>✓</i> <small>Accident or Suicide?</small>	Address <i>Frederick Md</i>

Interment Sep 22 - 1908

" at Mt Olivet Cemetery

Thomas F. Rice F. D.

Dr. Bernard Thomas

Dr. M^c Guddy,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


Richard D. Bowhan

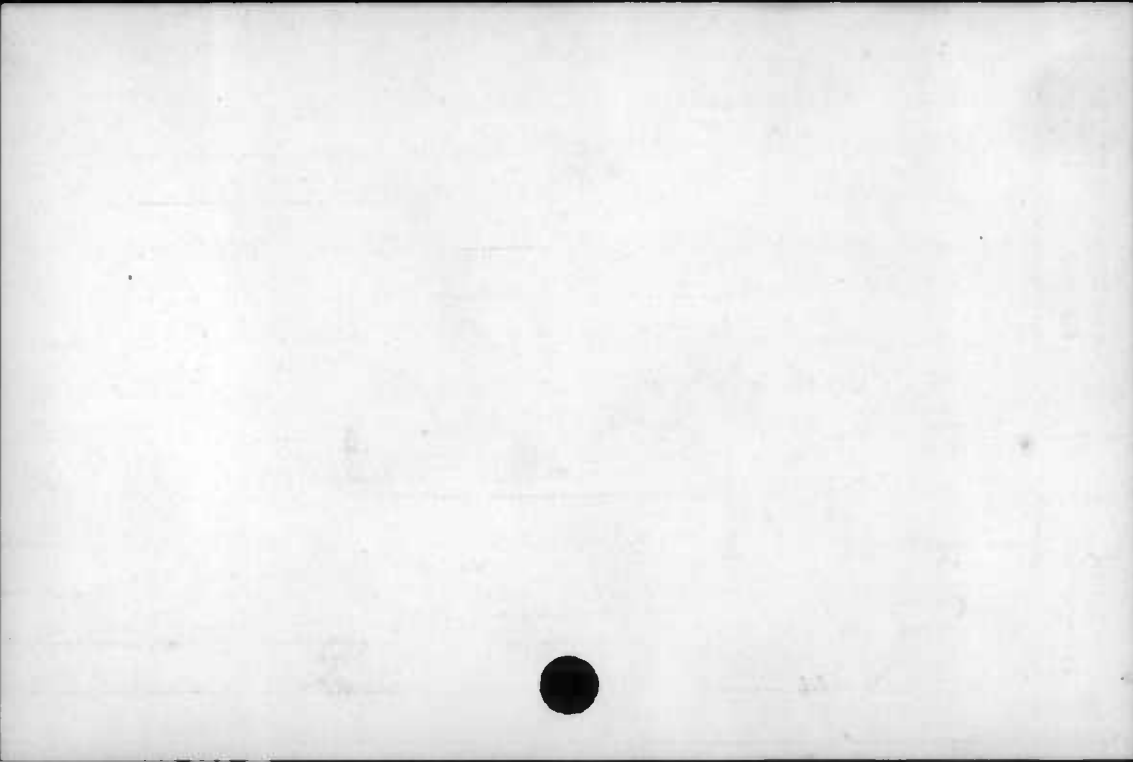
Died at <i>Monterrie Hospital</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	1908	Month	Sept.	Day	13
Age	50	Years		Months	Unknown
Sex	male	Color or Race	White	Birth-place	Unknown
Occupation	Unknown		Where Residing if not at place of death		
Married, Single or Widowed	Unknown	Name of Wife or Husband			
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving information	Nurse			How related to deceased	none

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Lost ability</i>	How long	<i>Six mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>R. D. Lyon</i> Address <i>Fredrick</i> <i>Md.</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

Mary Bowman

Town

County

MARYLAND

Died at near near inboardFredrick

Date

of death 1908

Month

Sept.

Day

4

Years

Age 30

Months

2

Days

15

Sex

femaleColor or
RaceBlackBirth-
placeMd.

Occupation

DomesticWhere Residing if not
at place of deathinboardMarried, Single
or WidowedMarriedName of Wife or
HusbandClarence BowmanFather's
NameNiel JohnsonFather's
BirthplaceMd.Mother's
Maiden NameMary JohnsonMother's
BirthplaceMd.Name of person giving
In formationJames BowmanHow related
to deceasednone

CAUSES OF DEATH

Primary

Typhoid fever

How long

4 weeks

Immediate

Stomach

How long

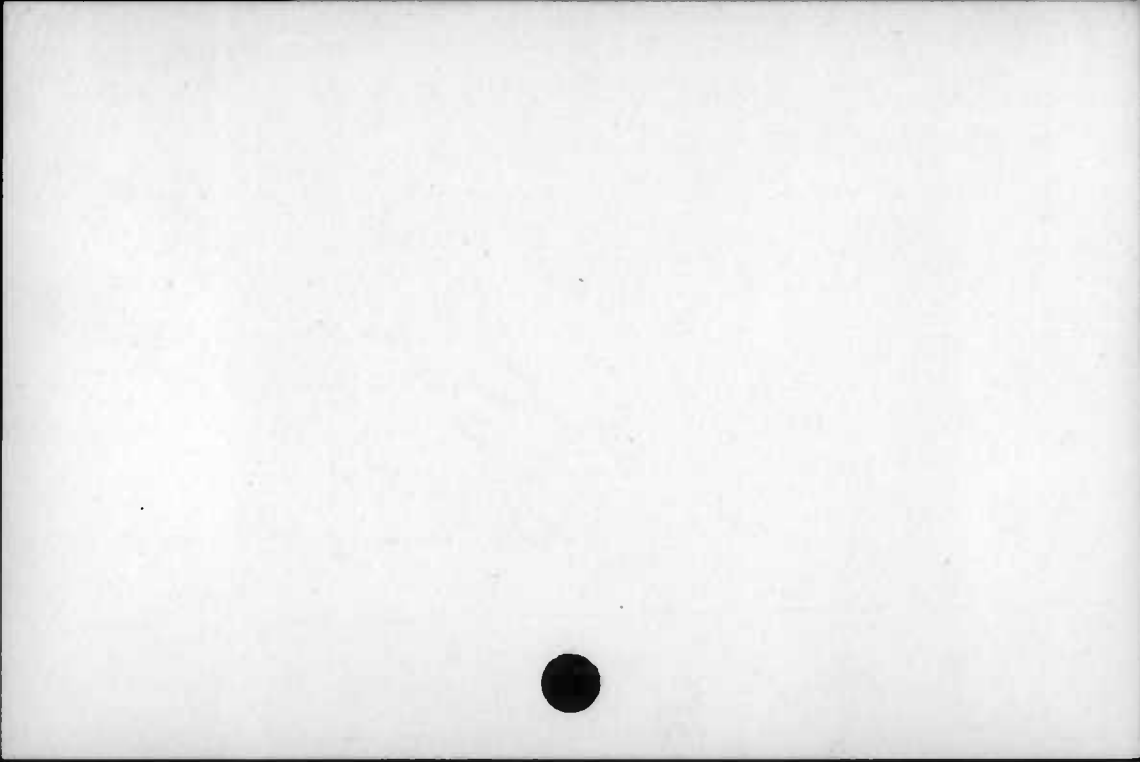
12 hr.Are the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianBenjamin D. Dwyer M.D.

Address

Annapolis,
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Willie Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>9</i>	Day <i>21</i>	Years <i>26</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Beck's Creek Md</i>		
Occupation <i>Maids</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Clarence Nelson</i>	Father's Birthplace <i>Fr Co Md</i>				
Mother's Maiden Name <i>Charlotte Brooks</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving Information <i>Charlotte Brooks</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 to 5 weeks</i>
Immediate <i>Intestinal Hemorrhage</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>U. G. Bourne M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide <i>—</i>	

Internment Sept 23 - 08
" at Greenmount

Thomas R Rice F. 20

vs Bourne

vs McCurdy

Name in Full		Ann S. Bummer				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Frederick		Frederick			
Date of death		1908	Month 9	Day 19	Age 89	Months 8	Days 7
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		Same	
Married, Single or Widowed		Widow		Name of Wife or Husband		Isaac Bummer	
Father's Name		George Schultz		Father's Birthplace		Frederick Co Md	
Mother's Maiden Name		Sophia Kempf		Mother's Birthplace		" " "	
Name of person giving information		Mrs. C. Thos Kempf		How related to deceased		Niece	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="float: right; border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 10px;"> <div style="font-size: 24px; font-weight: bold;">79</div> </div>							
Primary		Disease of Heart (Mitral)				How long many years	
Immediate		Collapse of Heart				How long immediate	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Wm Crawford Shusen	
				Address		Frederick Md	
Accident or Suicide?		no					

Interment Sep 21 - 1908
" at Mt Olivet Cemetery
Thomas P. Rice F.D.

Dr W. C. Johnson

Dr M^cCurdy

Name
in
Full

Cecelia A. Burkman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Foxville</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>2nd</i>	Age <i>83</i> years	Months <i>8</i> Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredrick Co Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>David Burkman</i>				
Father's Name <i>Charles William</i>	Father's Birthplace <i>Fredk. Co Md</i>		Mother's Birthplace <i>Fredrick Co Md</i>		
Mother's Maiden Name <i>Elizabeth Pickens</i>	Name of person giving information <i>A. L. Hannon</i>		How related to deceased <i>son in law</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic interstitial Nephritis</i>	How long <i>8 years.</i>
Immediate <i>Acute Nephritis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. C. Kefauver</i>
	Address <i>Thurmont - Md.</i>
Accident or Suicide? <i>No</i>	

Fronville

Name
in
Full

Francis Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		M'ARYLAND	
Date of death		1908	Month 9	Day 10	Age 60	Years	Months —
Sex Male		Color or Race Black		Birth-place Md			
Occupation Laborer		Where Residing if not at place of death X					
Married, Single or Widowed Widowed		Name of Wife or Husband M. Waters					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information Grant Chambers		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long 10 hours
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. A. Long
Address City		
Accident or Suicide?		

Interment Sept 14 - 08
" at St. John's Cemetery
Thomas P. Rice F.S.D.

Dr Long

Dr McCurdy

Name
in
Full

William R. Clabaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Lebanon*^{County} *Fredrick*

MARYLAND

Date of death 1908 ^{Month} 9 ^{Day} 23Age ^{Years} 82^{Months} 6^{Days} 6Sex *Male*Color or
Race*White*Birth
place*Frost Co. Md.*

Occupation

*retired -*Where Residing if not
at place of deathMarried, Single
or Widowed*Widower*Name of Wife or
Husband*Margaret Wolf (decd)*Father's
Name*Thomas Clabaugh*Father's
Birthplace*Unknown*Mother's
Maiden Name*Mary Good*Mother's
Birthplace*Pa -*Name of person giving
In formation*Samuel J. Clabaugh*How related
to deceased*Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

General debility

How long

2 years

Immediate

Heart failure

How long

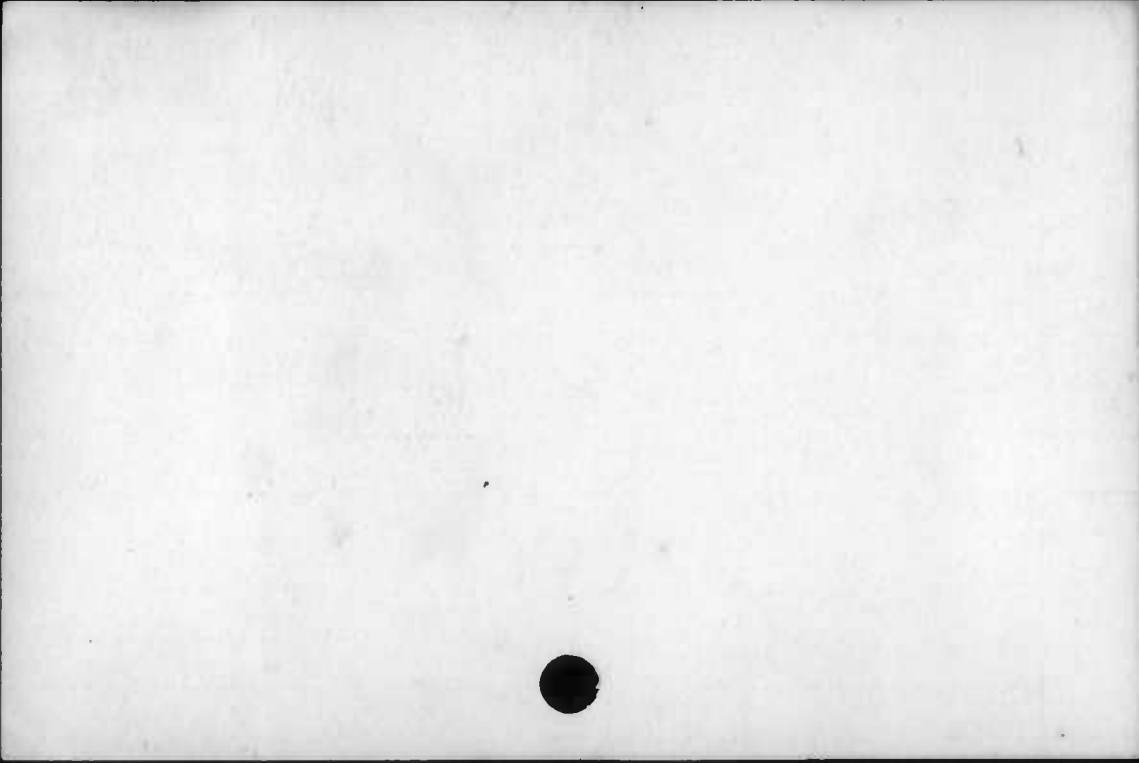
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*C. H. Miller*

Address

Detour

Accident or Suicide?

*no -**Md.*



Name
in
Full

CERTIFICATE OF DEATH

Dorothy Connor

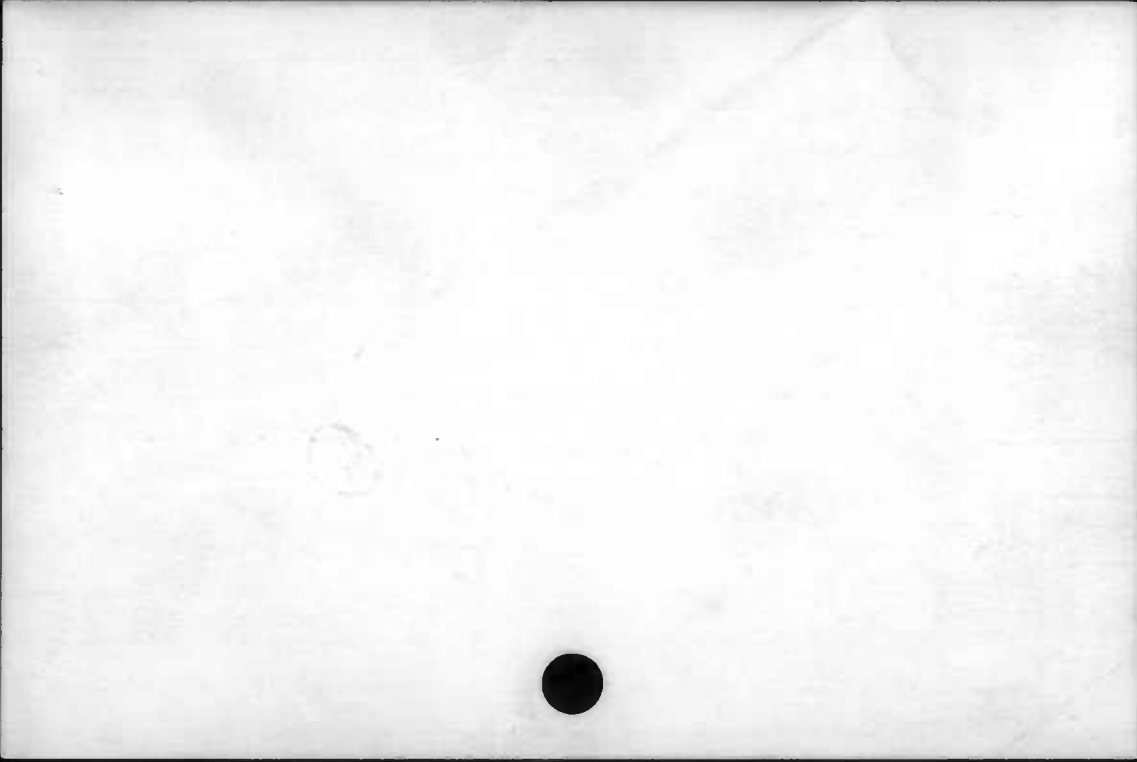
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u> ^{town}		County <u>Brunswick</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept.</u>	Day <u>17</u>	Age <u>0</u>	Months <u>6</u>	Days <u>8</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Brunswick, Md.</u>	
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>-</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>W.E. Connor</u>		Father's Birthplace <u>Va.</u>			
Mother's Maiden Name <u>Helen Coffman</u>		Mother's Birthplace <u>Va.</u>			
Name of person giving Information <u>"</u>		How related to deceased <u>mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>(mother did not nurse infant)</u> <u>Marasmus - Bad Feeding</u>	How long <u>All its life</u>
Immediate <u>(Diphtheria, Whooping Cough) Exhaustion</u>	How long <u>2 months ±</u>
Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. Connor, M.D.</u>
	Address <u>Brunswick Md.</u>
Accident or Suicide <u></u>	



Name
in
Full

William A. Corum

CERTIFICATE OF DEATH

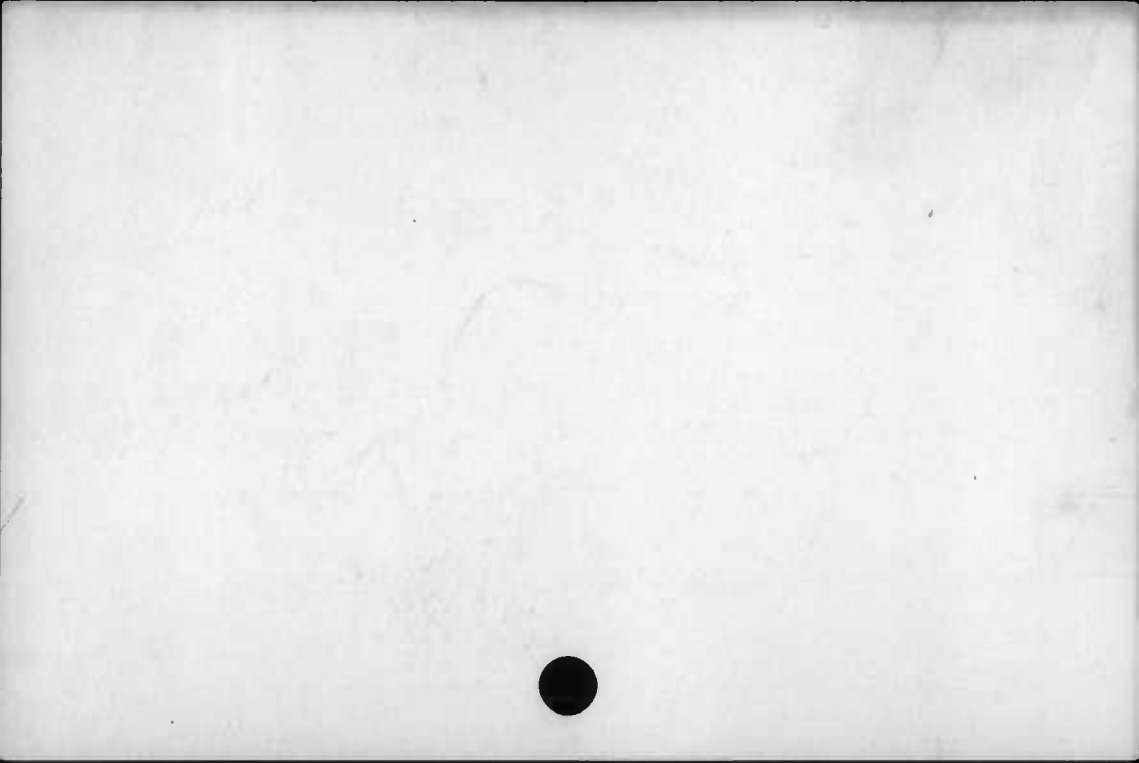
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Jefferson		^{County} Frederick		MARYLAND	
Date of death	1908	Month	Sept	Day	19
Age	29		Years	10	Months
Sex	male		Color or Race	white	
Occupation	Butcher		Birth-place	md.	
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband	none	
Father's Name	Charles W. Corum		Father's Birthplace	md	
Mother's Maiden Name	Sarah E. Danner		Mother's Birthplace	md	
Name of person giving information	Elias W. Corum		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary			How long	120
Immediate	Acute Brights Disease		How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	A. J. Smith
			Address	Jefferson md
Accident or Suicide?	none			



Name
in
Full

Theodore F. Cramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDNear ^{Town} FrederickCounty ^{Frederick}

MARYLAND

Date
of death 1908

Month 9

Day 17

Age

Years 85

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Frederick Co. Md.

Occupation

General Mechanic

Where Residing if not
at place of deathNear Woodsboro ^{Frederick Co., Md.}Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Cornelius Cramer

Father's
Birthplace

Frederick Co., Md.

Mother's
Maiden Name

Amelia Fulton

Mother's
Birthplace

" " "

Name of person giving
In formation

J. S. Perry

How related
to deceased

Friend

Full over my signature

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary

Fracture of femur & disability

How long

Immediate

Fracture of femur

How long

1 mo

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

R. S. Lyons

Address

Frederick

Accident or Suicide?

Accident

Over

Md.

Interment at Walkersville

(Glade) Cemetery.

" Sep 18 - 1908

J. S. Perry & Son F. O.

—

Dr. Tyson

Dr. Goodell

Dr. McCurdy.

Name
in
Full

Emma Cram

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

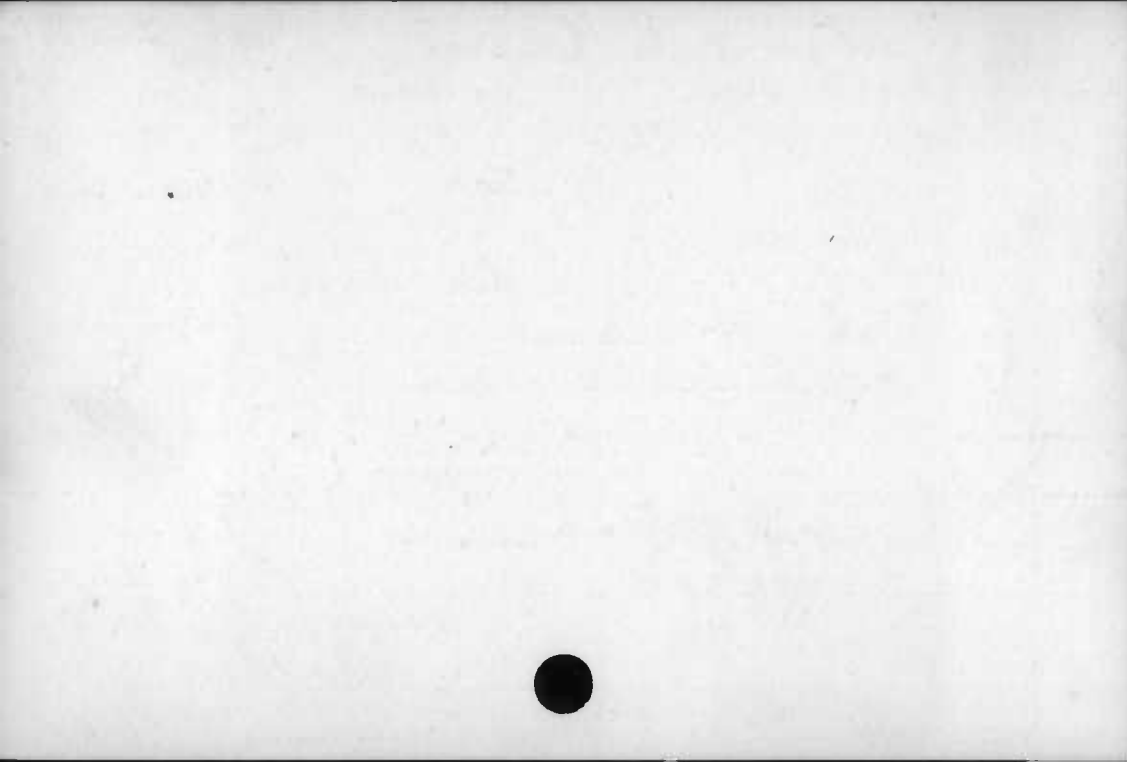
Died at <i>Haltersville</i> Town <i>Frederick</i> County					
Date of death <i>1908</i>	Month <i>Sep</i>	Day <i>18</i>	Age <i>46</i>	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Haltersville?</i>		
Occupation <i>housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Noble Cram.</i>				
Father's Name <i>Edward Cramer</i>	Father's Birthplace <i>Haltersville</i>				
Mother's Maiden Name <i>Munk</i>	Mother's Birthplace				
Name of person giving information <i>✓</i>	How related to deceased				

CAUSES OF DEATH

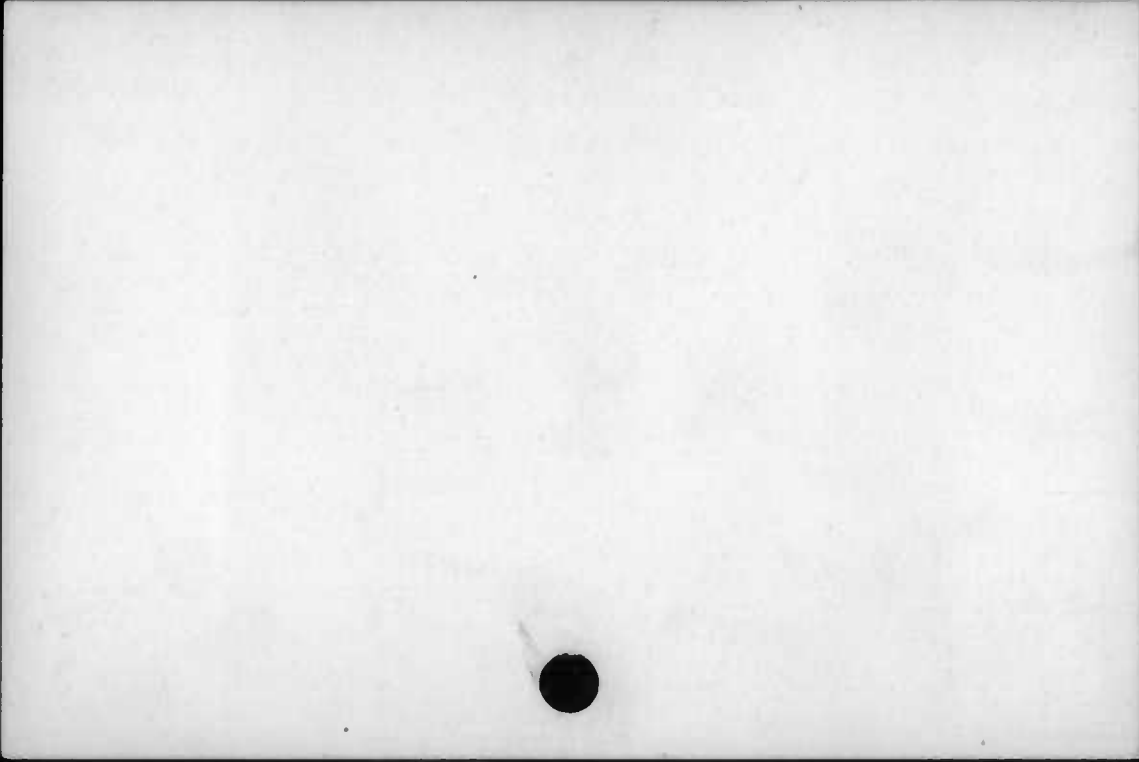
68

PHYSICIAN
OR CORONER

Primary <i>Acute dementia</i>	How long <i>month</i>
Immediate <i>Fall from window</i>	How long <i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Nicodemus</i>
	Address <i>Haltersville Md</i>
Accident or Suicide?	



Name In Full		No. 18 CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Monrovia</u> <small>Town</small>		<u>Frederick</u> <small>County</small>	
		Date of death <u>1908</u> <small>Month</small> <u>9</u> <small>Day</small> <u>12</u>		Age <u>59</u> <small>Years</small> <u>5</u> <small>Months</small> <u>29</u> <small>Days</small>	
		Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Walkersville</u>	
		Occupation <u>Farmer</u>	Where Residing if not at place of death		
		Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sadie Crum</u>		
		Father's Name <u>Frederick Crum</u>	Father's Birthplace <u>Penn</u>		
		Mother's Maiden Name <u>Cassandra Campbell</u>	Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>W. I. Crum</u>		How related to deceased <u>Brother</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Humma of Brain</u>		How long <u>1 year</u>	
		Immediate <u>Hemiplegia</u>		How long <u>3 days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. H. Hopkins M. D.</u>	
		<u>[Signature]</u>		Address <u>New Market</u>	
		Accident or Suicide? <u>no</u>		<u>Frederick Co.</u> <u>Md.</u>	



Name
in
Full

Nellie Crum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mt. Pleasant* TownCounty *Fredrick*Date
of death *1908*Month *9*Day *23*Age *16 +*Months *7*

Days

Sex *female*Color or
Race *white*Birth-
place *Mt. Pleasant*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name *C. Edward Crum*Father's
Birthplace *Walkersville*Mother's
Maiden Name *Homer E. Ely*Mother's
Birthplace *Mt. Pleasant*Name of person giving
information *J. S. Nicodemus*How related
to deceased

CAUSES OF DEATH

61

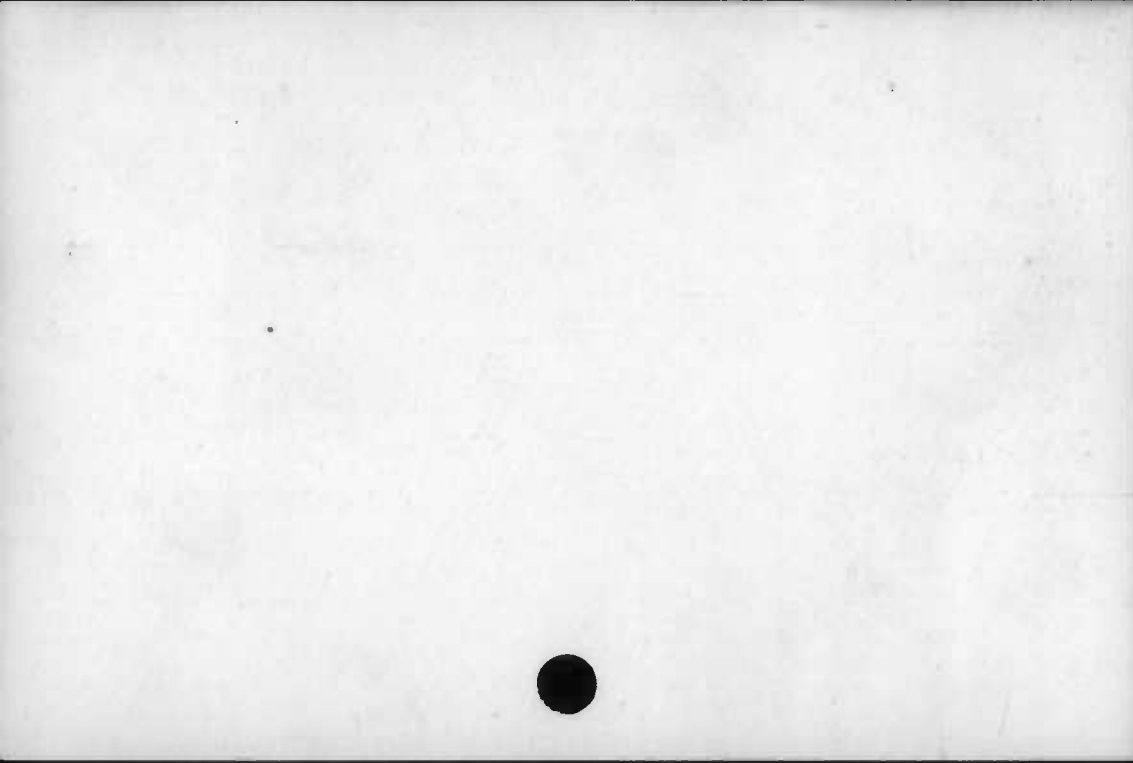
Primary *Fulminating Cerebro-Spinal Meningitis*How long *4 days*Immediate *Heart failure*

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *J. S. Nicodemus*Address *Walkersville*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

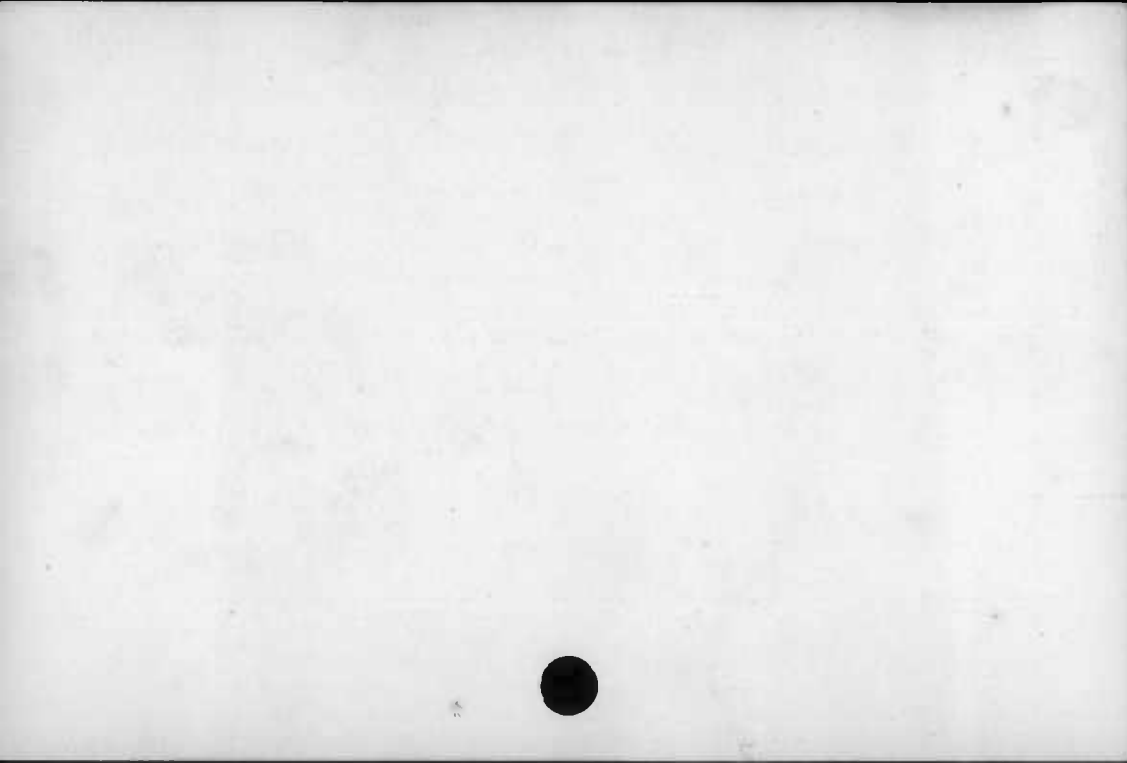
Name in Full Lewis C Dorsey				County Fredenick		State MARYLAND	
Died at Liberty Town		Town Liberty Town		County Fredenick		State MARYLAND	
Date of death 1908	Month Sept	Day 5th	Age 43	Years 43	Months 0	Days 0	
Sex Male		Color or Race Colored		Birth-place Fredenick Co			
Occupation Labran			Where Residing if not at place of death				
Married, Single or Widowed Married		Name of Wife or Husband Mally Dorsey					
Father's Name Frank Dorsey		Father's Birthplace Frank Co					
Mother's Maiden Name Harriet Bowers		Mother's Birthplace Frank Co					
Name of person giving information Mary Groom		How related to deceased Sister					

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary Tuberculosis of Intestines	How long 2 yrs
Immediate Exhaustion	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Chas B. Howe
	Address Liberty Town Md.
Accident or Suicide? No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Laura Virginia Evans -

MARYLAND

Died at ^{Town} Burkittsville ^{County} FrederickDate of death 1908 ^{Month} Sept. ^{Day} 20 Age ^{Years} 15- ^{Months} 2 ^{Days} 13

Sex Female Color or Race Colored Birth-place Burkittsville

Occupation School Girl Where Residing if not at place of death

Married, Single

Name of Wife or Husband

Father's Name James Hanson Evans

Father's Birthplace Washington C.

Mother's Maiden Name Sarah L. Cartmair.

Mother's Birthplace Middletown

Name of person giving information James Hanson Evans

How related to deceased Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis

How long 1 year

Immediate ascites

How long 2 weeks

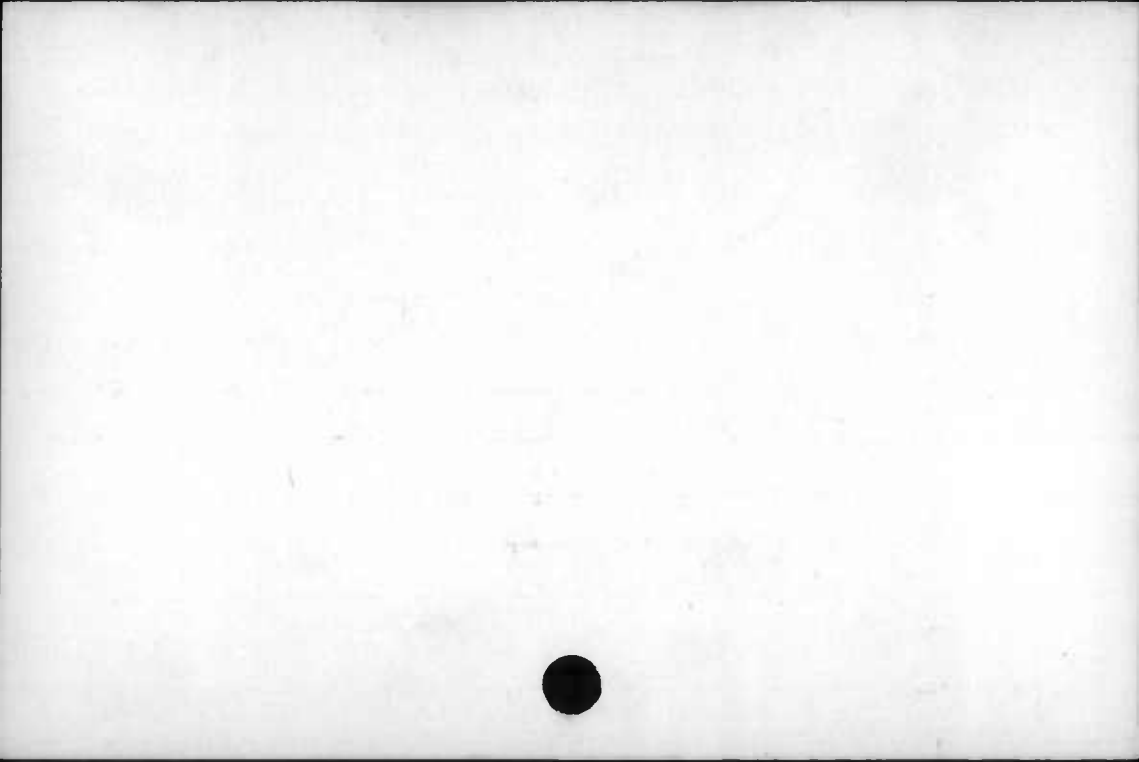
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

J. A. Poole M.D.
Burkittsville Md

Accident or Suicide?



Name
in
Full

Mora Ellen Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Unionville* Town*Frederick* County

MARYLAND

Date of death *1908 Septbr.*Day *22*

Age

Years *7*Months *6*Days *5*Sex *Female*Color or
Race*Colored*Birth-
place*Maryland*

Occupation

*None*Where Residing if not
at place of death*At place of death*Married, Single
or Widowed*Single*Name of Wife or
Husband*Has none*Father's
Name*Edward Thomas Fisher*Father's
Birthplace*Md.*Mother's
Maiden Name*Martha Martha J. Coats*Mother's
Birthplace*Md.*Name of person giving
In formation*Dr. M. S. Pearns*How related
to deceased*No way*

CAUSES OF DEATH

*61*PHYSICIAN
OR CORONER

Primary

Spinal Meningitis

How long

about one week

Immediate

About Exhaustion

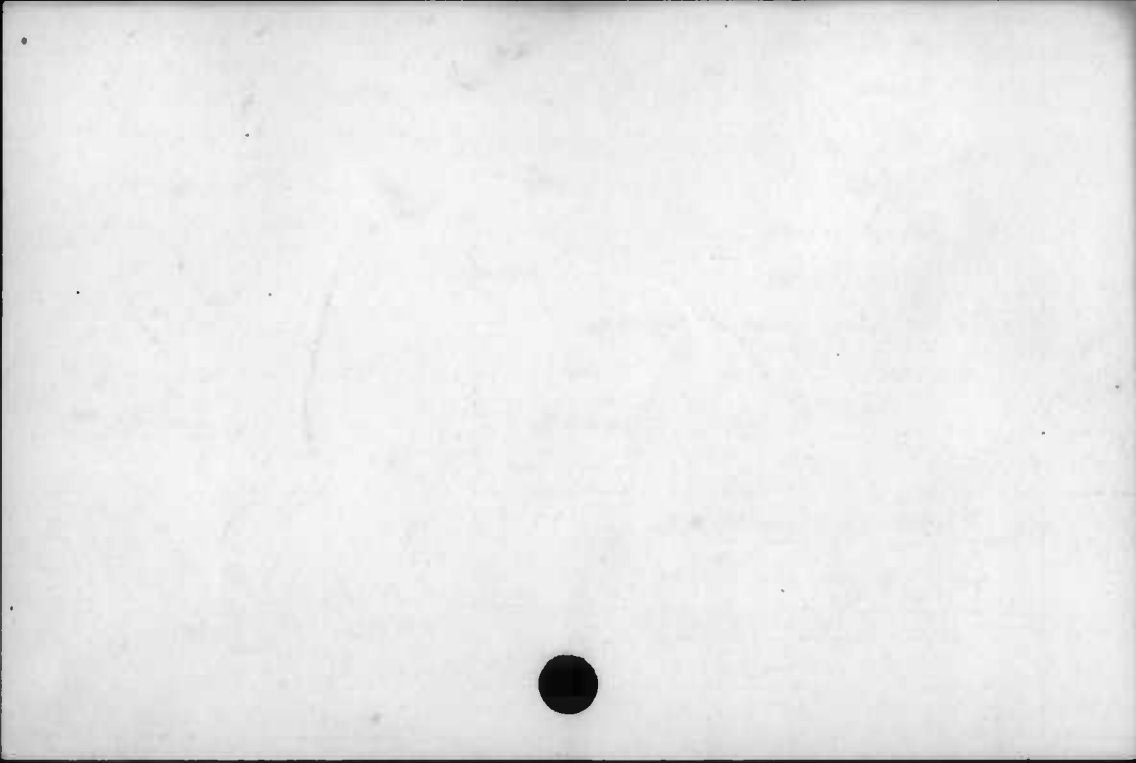
How long

*about 3 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Sappington Pearns*

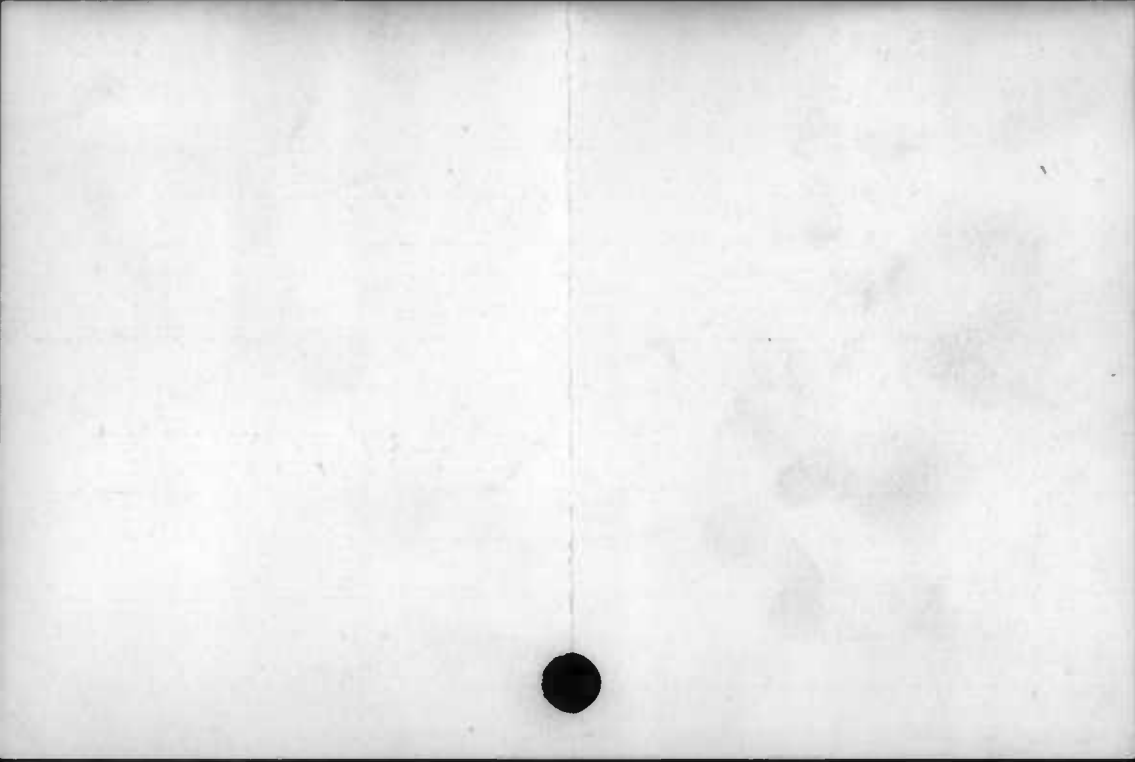
Address

Unionville Md.

Accident or Suicide?



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Liberty Town</i>		County <i>Frederick Co</i>		MARYLAND
	Date of death <i>1908</i>	Month <i>Sept.</i>	Day <i>30</i>	Age <i>77</i>	Months <i>9</i> Days <i>5</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co.</i>	
	Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary P. Fogle</i>			
	Father's Name <i>William Fogle</i>	Father's Birthplace <i>Frederick Co.</i>			
	Mother's Maiden Name <i>Catherine Eyles</i>	Mother's Birthplace <i>Frederick Co</i>			
Name of person giving information <i>Earley Steele</i>		How related to deceased <i>Nephew</i>			
		CAUSES OF DEATH		(44)	
PHYSICIAN OR CORONER	Primary <i>right side of face</i> <i>Carcinoma of upper lip involving</i>		How long <i>About 8 yrs.</i>		
	Immediate <i>Exhaustion</i>		How long <i>3 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yrs.</i>		Signature of Physician <i>Chas. B. Howe,</i>		
			Address <i>Liberty Town, Frederick Co.</i>		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>George Late Fout.</i>		Town <i>Near Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>9</i>		Day <i>3</i>		Years <i>74</i>	
Date of death <i>1908</i>		Month <i>9</i>		Day <i>3</i>		Years <i>74</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co. Md.</i>		Months <i>6</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Same</i>		Days <i>28</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Lewis Fout.</i>		Father's Birthplace <i>Fr. Co. Md.</i>					
Mother's Maiden Name <i>Mary A. Late</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Elizabeth Fout</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>?</i>
Immediate	<i>Coma</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. Crawford</i>	
<i>yes</i>		Address <i>Frederick</i>	
Accident or Suicide?		<i>No</i>	

Interment Sept 6 - 08
" at Mt Olivet Cemetery
Thomas P. Rice F. & I.

Dr W. C. Johnson

Dr Goodell

Dr McCurdy.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death

1908

Month

Sept

Day

16

Age

Years

80

Months

Unknown

Days

7

Sex

Male

Color or
Race

White

Birth-
place

Unknown

Occupation

Unknown

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Unknown.

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

Nurse

How related
to deceased

None

CAUSES OF DEATH

154

Primary

Gent. debility

How long

1 year -

Immediate

of heart

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

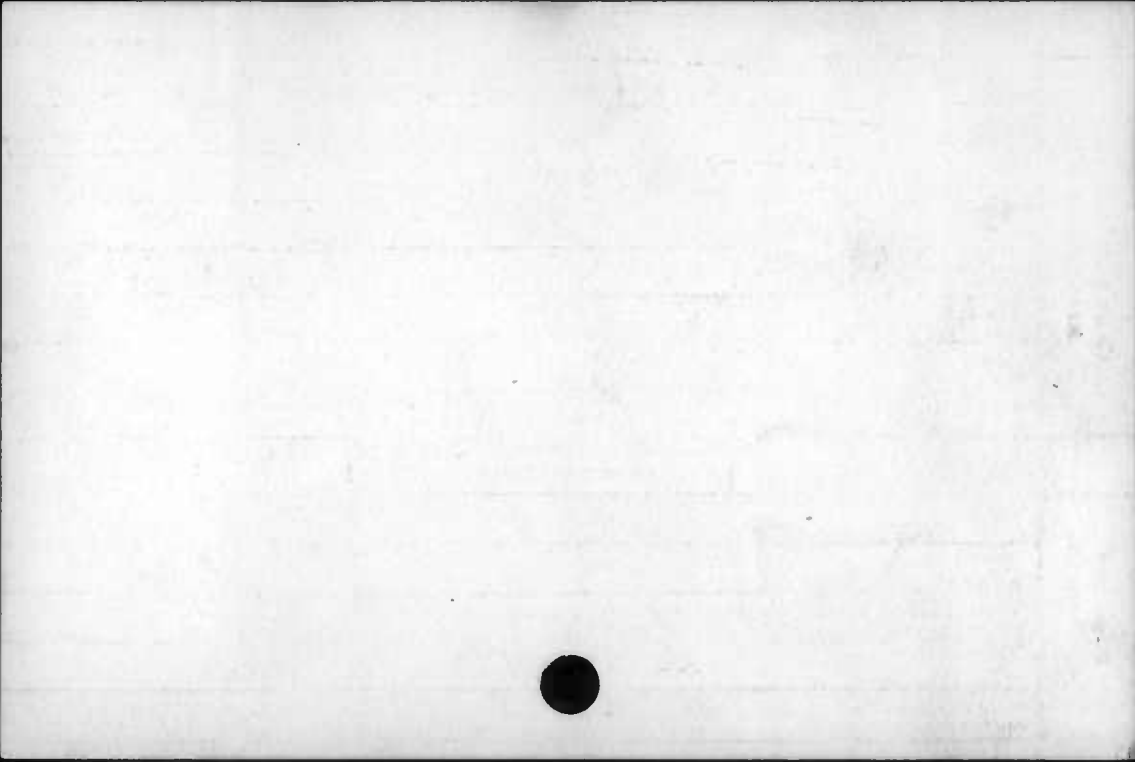
Yes

Signature of
Physician

Address

R. S. Lyson.
Frederick,
Md

Accident or Suicide?



Name
in
FullCarl Fritz
Town
Brunswick

CERTIFICATE OF DEATH

Frederick-
County

MARYLAND

Died at

Date
of death

190

8

Month

Sept

Day

16

Age

Years

21

Months

Days

Sex

male

Color or
Race

white

Birth-
place

W. V.

Occupation

Bricklayer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James Fritz

adopter father

Father's
Birthplace

W. V.

Mother's
Maiden Name

not known

Mother's
Birthplace

not known

Name of person giving
Information

James Fritz

How related
to deceased

adopter father

CAUSES OF DEATH

164

Primary

Traumatic Shock

How long

10 minutes

Immediate

Shock + Brain injury

How long

10 minutes

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Levin Hest

Address

Brunswick
Frederick Co

Accident or Suicide

(over)

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Killed by cars while at work on railroad.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Geitner* Town *Frederick* County *Frederick* MARYLAND

Died at *Frederick* Date of death *1908* Month *9* Day *25* Age *82* Years Months *8* Days *2*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Tanner* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widower* Name of Wife or Husband *Margaret Smith*

Father's Name *John Geitner* Father's Birthplace *Germany*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Names of person giving Information *C. P. Smith* How related to deceased *Step Son*

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary *Chronic Bronchitis* How long *6 yrs*

Immediate *Emphysema* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *S. S. Haymond*

Address *17 Leonard St. W. Frederick Md.*

Accident or Suicide *no*

Interment. Sep 28 - 1908

" at St Johns Cemetery

Thomas P. Rice F.D.

Dr. Maynard

Dr McCurdy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Doris Helen Grace

Town

County

MARYLAND

Died at

Brunswick

Frederick

Date

of death 1908

Month

Sept

Day

10

Age

2

Years

Months

10

Days

55

Sex

Female

Color or
Race

white

Birth-
place

Baltimore

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Samuel M. Grace

Father's
Birthplace

Albchester, Md

Mother's
Maiden Name

Essie R. Owens

Mother's
Birthplace

Matthews Crk, Va

Name of person giving
Information

S. M. Grace

How related
to deceased

Father

CAUSES OF DEATH

8

Primary

Septicemia following Erysipelas & Whooping Cough

How long

7 weeks

Immediate

Septic Abscesses & Prostration

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

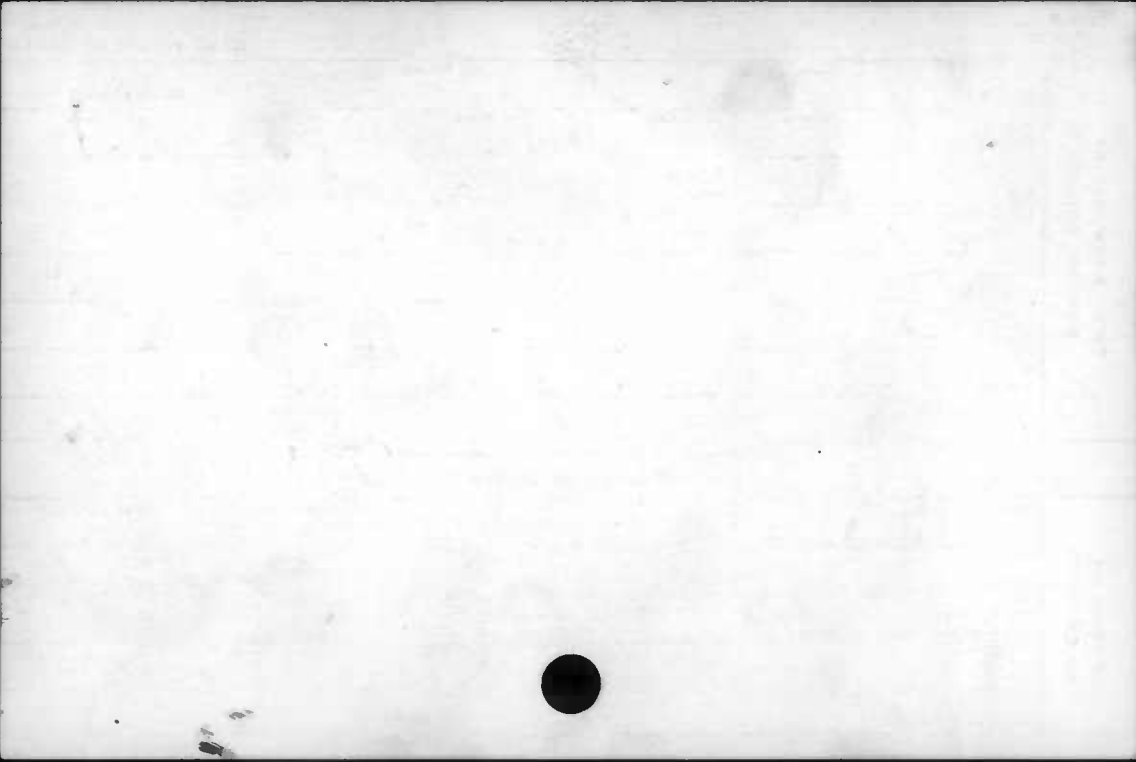
Signature of
Physician

Address

Chas R. Conner, M.D.
Brunswick
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John F Hall* Town *Frederick* County *Frederick* MARYLAND

Died at *Frederick* Date of death *1908* Month *9* Day *22* Age *41* Years *—* Months *—* Days *—*

Sex *Male* Color or Race *Black* Birth-place *Frederick Co Md*

Occupation *Laborer* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Hannah Smith*

Father's Name *John Hall* Father's Birthplace *Md*

Mother's Maiden Name *Sarah Diggs Smith* Mother's Birthplace *"*

Name of person giving Information *Mrs. Hannah Hall* How related to deceased *Wife*

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary *Lindbergs Paralysis* How long *6 weeks*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G. F. Gordon MD

Accident or Suicide

no

Interment Sept 24 - 1908
" at Greenmount Cemetery

Thomas P. Rice F&A,

Dr. Goodell

Dr. McBurdy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Coshua Berry Hanes*

Died at *Burkittsville* ^{Town} *Frederick* ^{County}

State *MARYLAND*

Date of death *1908* ^{Month} *Sept.* ^{Day} *6* ^{Age} *52* ^{Years} *9* ^{Months} *20* ^{Days}

Sex *Male* **Color or Race** *White* **Birth-place** *Was, Co*

Occupation *Railroading* **Where Residing if not at place of death**

Married, Single or Widowed *Widower* **Name of Wife or Husband** *Bertie Hanes*

Father's Name *Lingapore Hanes* **Father's Birthplace** *Was, Co*

Mother's Maiden Name *Abbia Morris* **Mother's Birthplace** *Was, Co.*

Name of person giving information *Thomas Grimes* **How related to deceased** *none*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* **How long** *2 yrs*

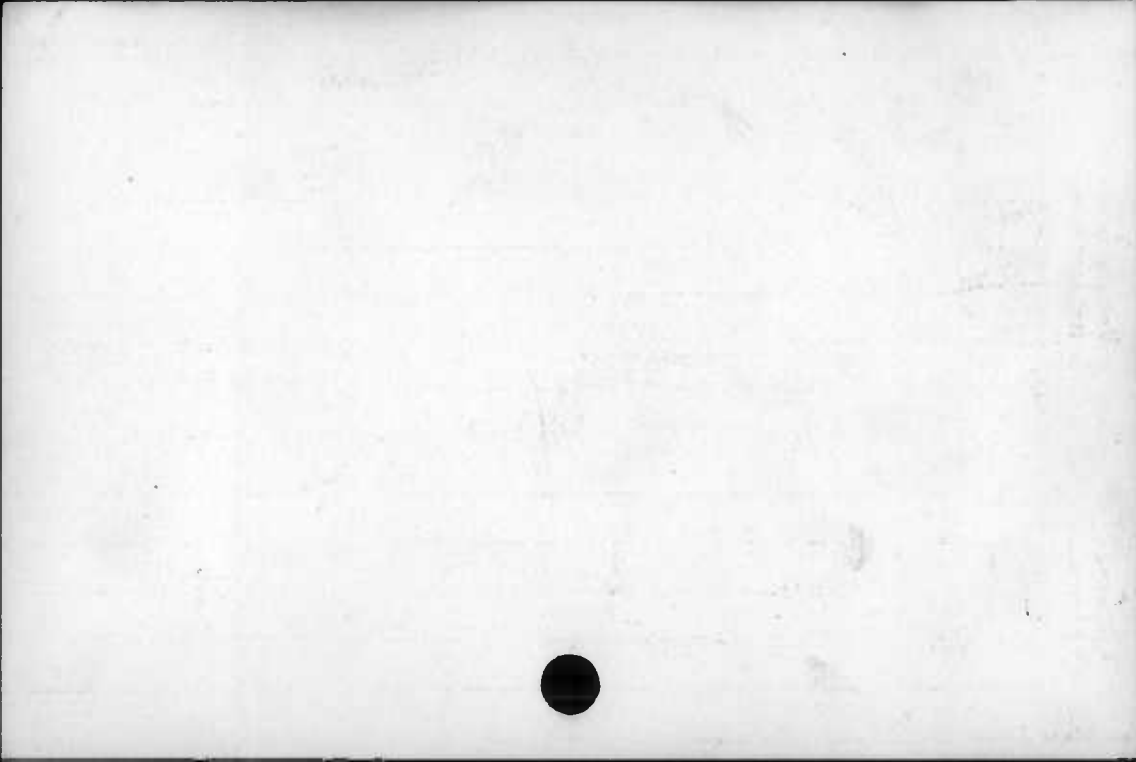
Immediate *Exhaustion* **How long** *5 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

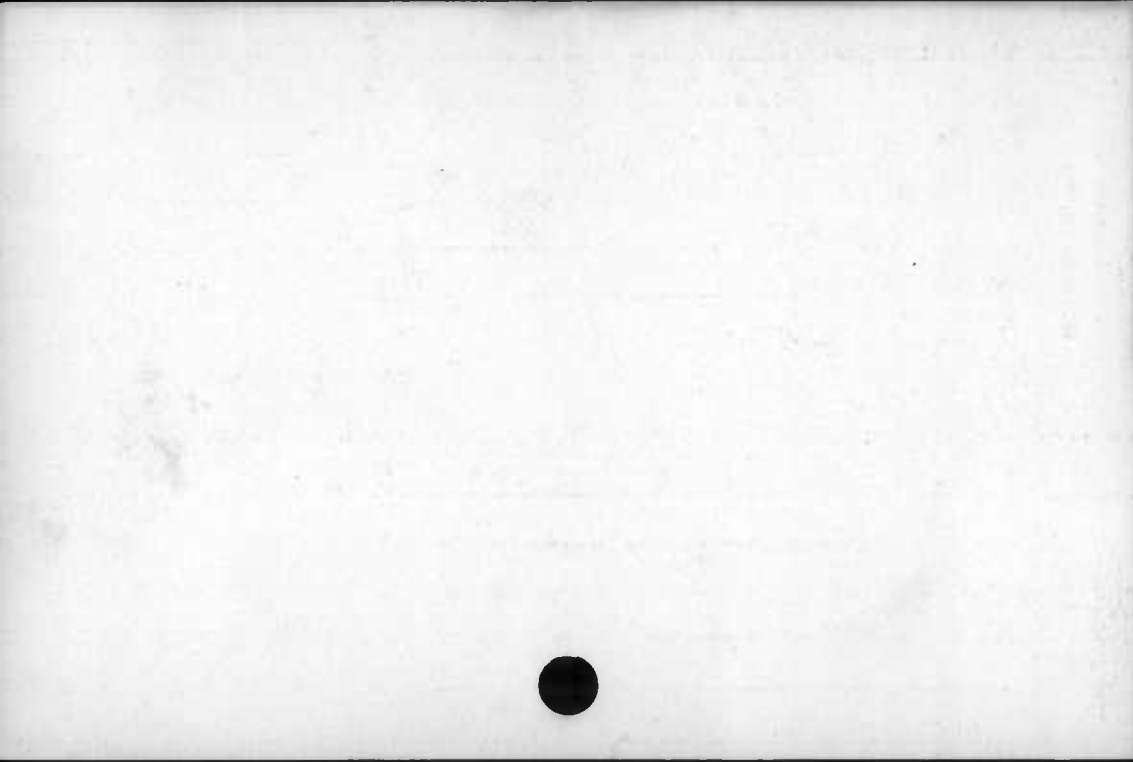
Signature of Physician *Geo. J. Miller*

Address *Burkittsville Md*

Accident or Suicide?



Name in Full		Leonard Norvin Harbaugh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sabillasville		Frederick		MARYLAND	
	Date of death	1908	Month Sept	Day 22	Age	Months 1	Days 1 week
	Sex	male		Color or Race	White		
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Leonard Courtney Harbaugh				Father's Birthplace	Sabillasville
PHYSICIAN OR CORONER	Mother's Maiden Name	Elsie Werking				Mother's Birthplace	Sabillasville
	Name of person giving information	Leonard Courtney Harbaugh				How related to deceased	Father
	CAUSES OF DEATH						Transition
PHYSICIAN OR CORONER	Primary	Transition				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	C. L. Wachter
	Accident or Suicide?					Address	Sabillasville Maryland



Name
in
Full

Ellen Amanda Hardy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

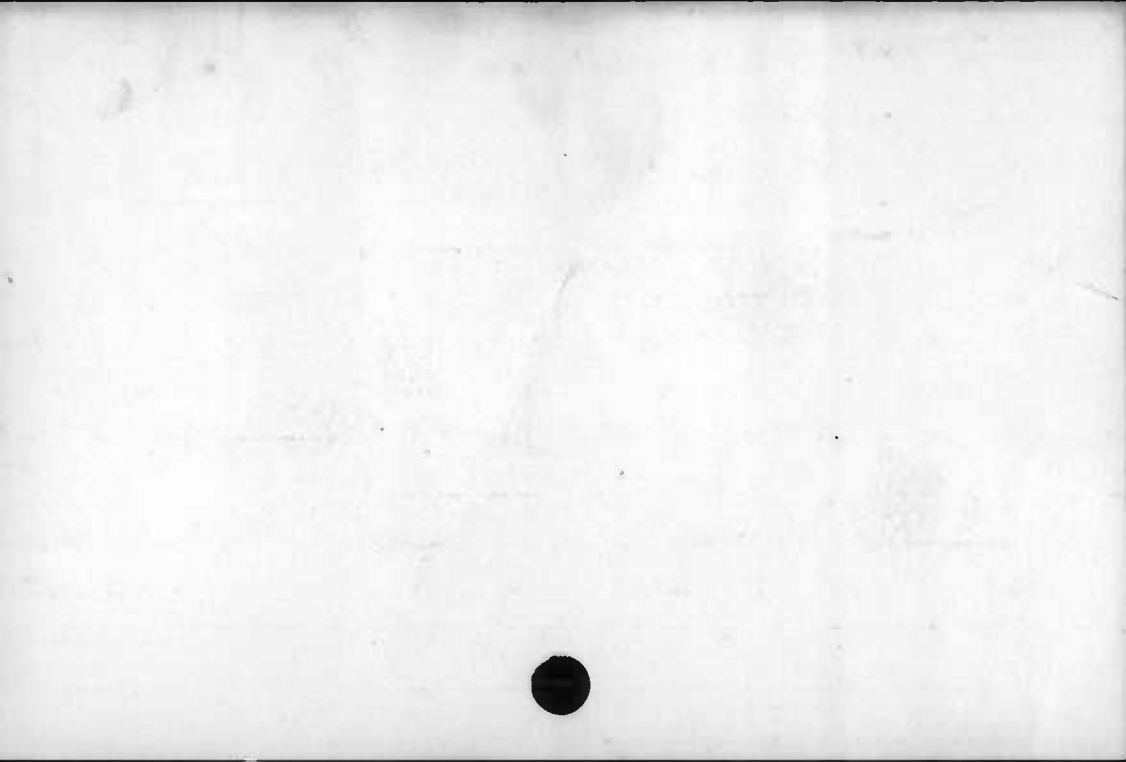
Died at ^{Town} new Woodstock		^{County} Frederick		MARYLAND	
Date of death 1908		^{Month} Sept	^{Day} 3	^{Years} 64	^{Months} 8 ^{Days} 3
Sex	Female	Color or Race	White	Birth place new Baltimore	
Occupation	Housewife		Where Residing if not at place of death Same place		
Married, Single or Widowed	Single		Name of Wife or Husband Lewis Hardy		
Father's Name	Jacob Barick			Father's Birthplace	new Baltimore
Mother's Maiden Name	Catharine Smith			Mother's Birthplace	new Baltimore
Name of person giving information	Cora Hardy			How related to deceased	daughter

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart disease	} mitral insufficiency	How long	About 5 Years-
Complicated with	chronic Bright's of Kidneys		How long	General Decline-
Immediate	General Asthenia			
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician C. A. Stealy	
			Address Woodstock	
Accident or Suicide?		None	Md.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

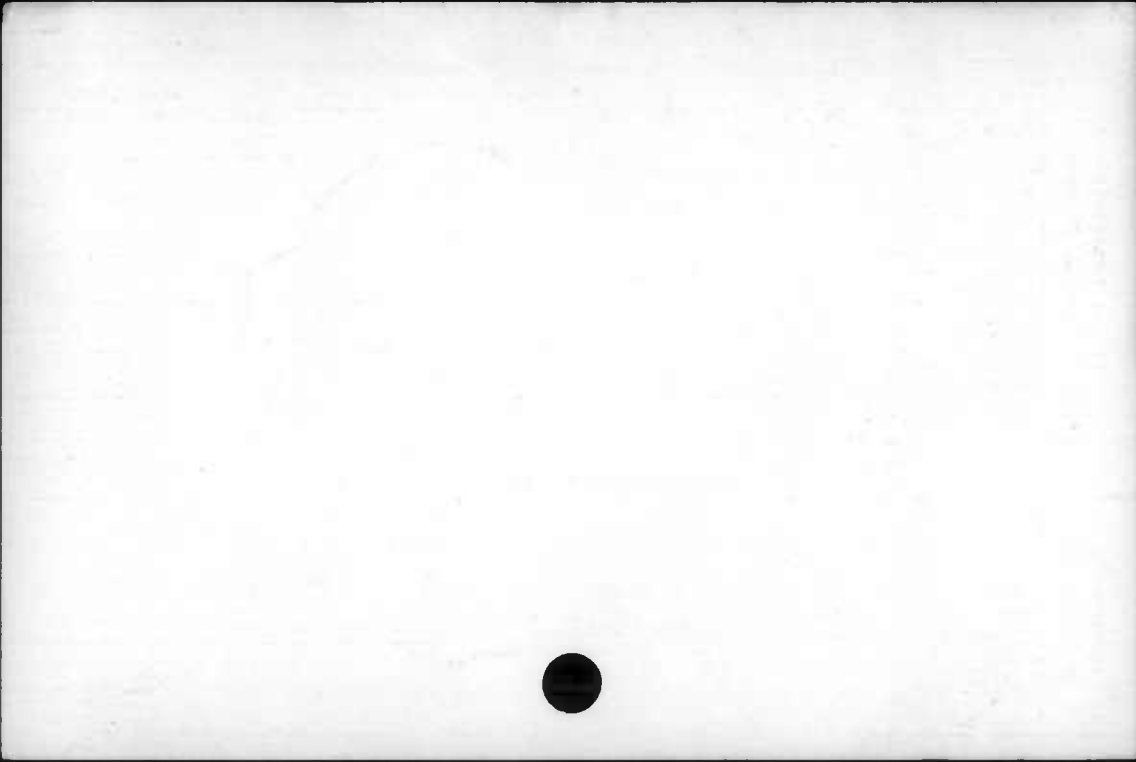
Died at <i>Indues</i>		Town <i>Indues</i>		County <i>Indues</i>		MARYLAND	
Date of death 1908		Month <i>Sept</i>	Day <i>29</i>	Age <i>62</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Indues Md</i>				
Occupation <i>Merchant.</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emma H. Whipple</i>						
Father's Name <i>Samuel Hargett</i>	Father's Birthplace <i>Indues Md</i>						
Mother's Maiden Name <i>Ellen Burn</i>	Mother's Birthplace <i>u u u</i>						
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Five days.</i>
Immediate <i>Ordema 2 Lungs.</i>	How long <i>Two days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. B. Johnson</i>
	Address <i>Indues Md</i>
Accident or Suicida	



Name
in
Full

Eriline A Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

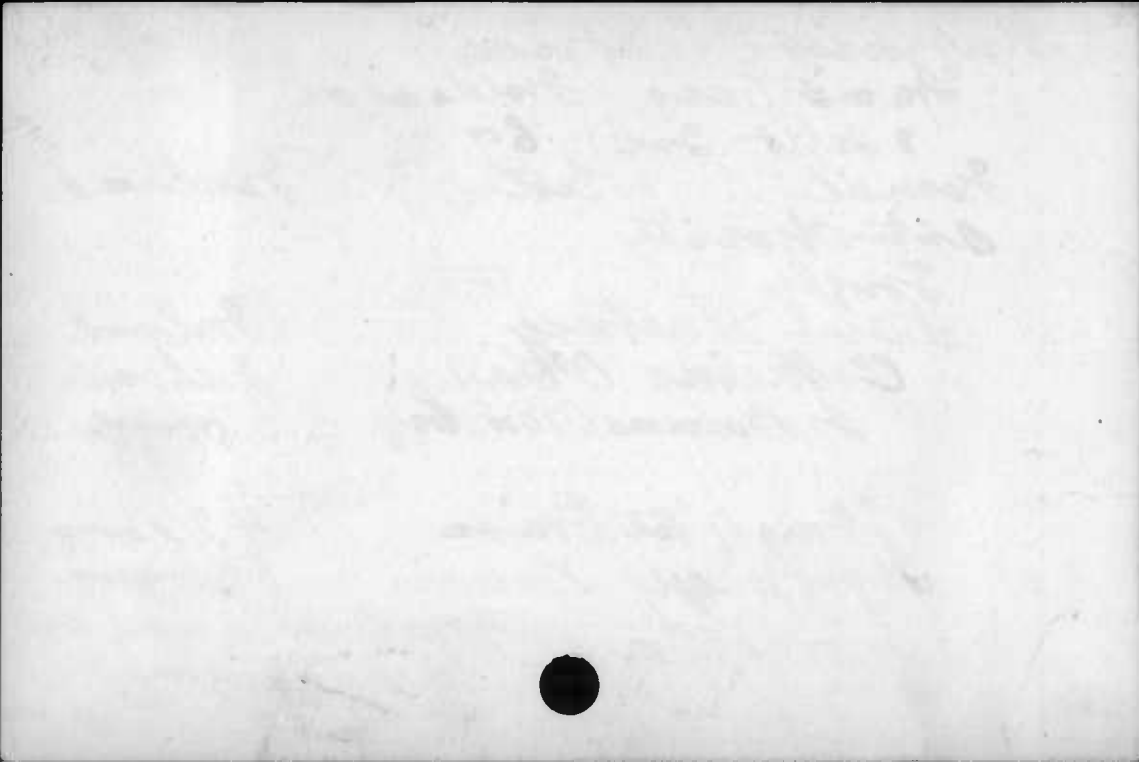
Died at <u>Thurmont</u> Town		<u>Fredrick</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>2</u>	Age <u>—</u> Years	Months <u>4</u>	Days <u>26</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Md.</u>		
Occupation <u>child</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Wm Harmon</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Elsie May McCaffrey</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Wm Harmon</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>3 wks</u>
Immediate <u>Whooping Cough</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Monroe A. Bailey</u>
<u>—</u>	Address <u>Thurmont</u>
Accident or Suicide? <u>—</u>	<u>Md.</u>



Name
in
Full

Margaret Hartney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Emmitsburg ^{County} Frederick

Date of death 1908 Sept 2nd Age 69 Months Days

Sex Female Color or Race White Birth-place Ireland

Occupation Sinterchordity Where Residing if not at place of death =

Married, Single or Widowed Single Name of Wife or Husband =

Father's Name Dan E Hartney Father's Birthplace Ireland

Mother's Maiden Name Catherine O'Hary Mother's Birthplace Ireland

Name of person giving information J. Bernard O'Donoghue How related to deceased none

CAUSES OF DEATH

64

Primary Softening of the Brain How long 4 1/2 years

Immediate Apoplexy Brain How long 5 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John B. Brannen M.D.

Address Emmitsburg Md

Accident or Suicide?



Name
in
Full

Genivieve W. Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

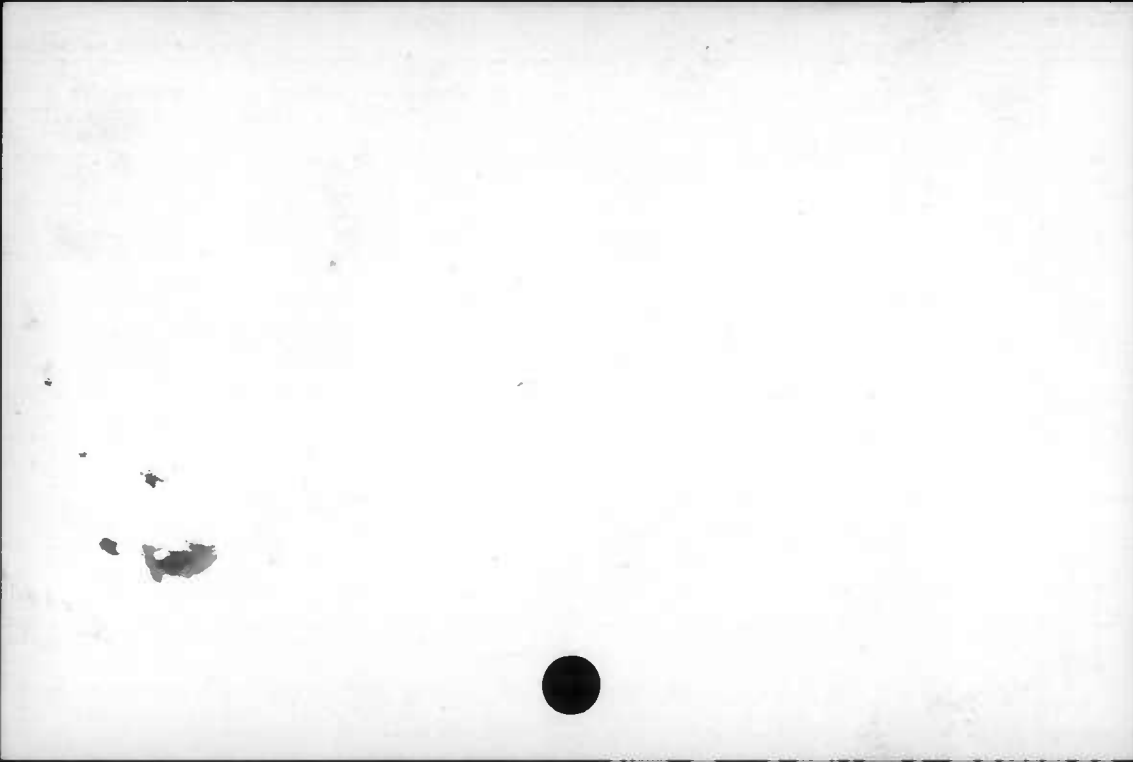
Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		1908	Month Sept	Day 4	Age —	Months 7	Days 16
Sex Female		Color or Race White		Birth-place Ind.			
Occupation —				Where Reiding if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name G. W. Hawkins		Father's Birthplace Va					
Mother's Maiden Name G. V. Harris		Mother's Birthplace Ind.					
Name of person giving Information G. V. Harris		How related to deceased Mother					

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	2 wks
Immediate	Scarlet fever	How long	1 wk
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Levin West	
		Address Brunswick Frederick Co	
Accident or Suicide			



Name
in
Full

Daniel Heises

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near</i> <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>9</i>	Day <i>15</i>	Age <i>80</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>			
Occupation <i>Stone Mason</i>	Where Residing if not at place of death <i>Frederick</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Susan Cushion</i>				
Father's Name <i>Joseph Heiser</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Jos. H. Heiser</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Genl debility</i>	How long <i>18 mo</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Lyson</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>—</i>	

Interment Sep 16 - 08

" at Mt Olivet Cemetery

Thomas P. Rice F. & O.

Dr. Tyson

Dr Goodell

Dr McCurdy.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Foley

Town *Frederick* County *Frederick*

Died at *Frederick*

Date of death *1908* Month *Sept* Day *2nd* Age *79* Months *4* Days *16*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *Sister Charity* Where Residing if not at place of death *=*

Married, Single or Widowed *Single* Name of Wife or Husband *=*

Father's Name *John Foley* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Levis* Mother's Birthplace *Ireland*

Name of person giving information *Dr. Bernard O'Leary* How related to deceased *Wife*

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary *Softening of the Brain* How long *8 years*

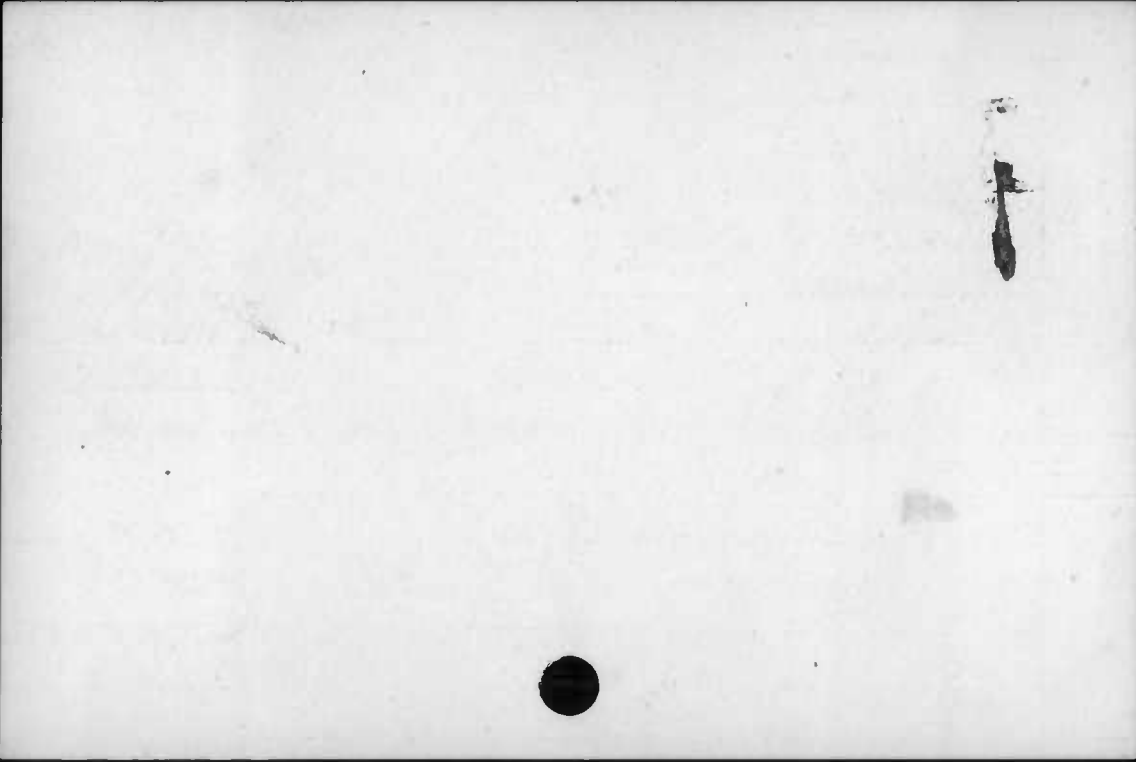
Immediate *Paralysis of the Brain* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John P. Broderick*

Address *Frederick*

Accident or Suicide? *No*



Name

In
Full

East South St.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>9</i>		Day <i>8</i>		Age <i>—</i>		Years <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick</i>		Months <i>3</i>		Days <i>26</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>					
Father's Name <i>George J. Hoffman</i>				Father's Birthplace <i>Frederick</i>					
Mother's Maiden Name <i>Annie E. Tophers</i>				Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs. Hoffman</i>				How related to deceased <i>Mother</i>					

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>2 months</i>
Immediate	<i>Transition</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm M. Smith</i>	
Address <i>Frederick, Md.</i>		Accident or Suicide? <i>—</i>	

Interment Sep 10 - 1908

" at St John's Cemetery

Thomas P. Rice F.D.

Dr. ^{W.}₁ Meredith Smith

Dr. McCurdy

Name
in
Full

Caroline Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middlepoint</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND			
Date of death	<i>1908</i> ^{Month}	<i>Sept</i> ^{Day}	<i>14</i> ^{Age}	<i>77</i> ^{Years}	<i>6</i> ^{Months}	<i>11</i> ^{Days}	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Middlepoint</i>
Occupation	<i>Housekeeping</i>		Where Residing if not at place of death <i>near Middlepoint</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Horatio Holmes</i>				
Father's Name	<i>Francis Green</i>				Father's Birthplace		
Mother's Maiden Name	<i>Bararan Lubbe</i>				Mother's Birthplace		
Name of person giving information	<i>Mrs Jackson</i>				How related to deceased		<i>Daughter</i>

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary	<i>Burned (Fire)</i>	How long	<i>Don't know</i>
Immediate	<i>Don't know</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. H. Hoke M.D.</i>	
		Address <i>Myersville Md.</i>	
Accident or Suicide?			



Name
in
Full

Geo. M. Brangley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

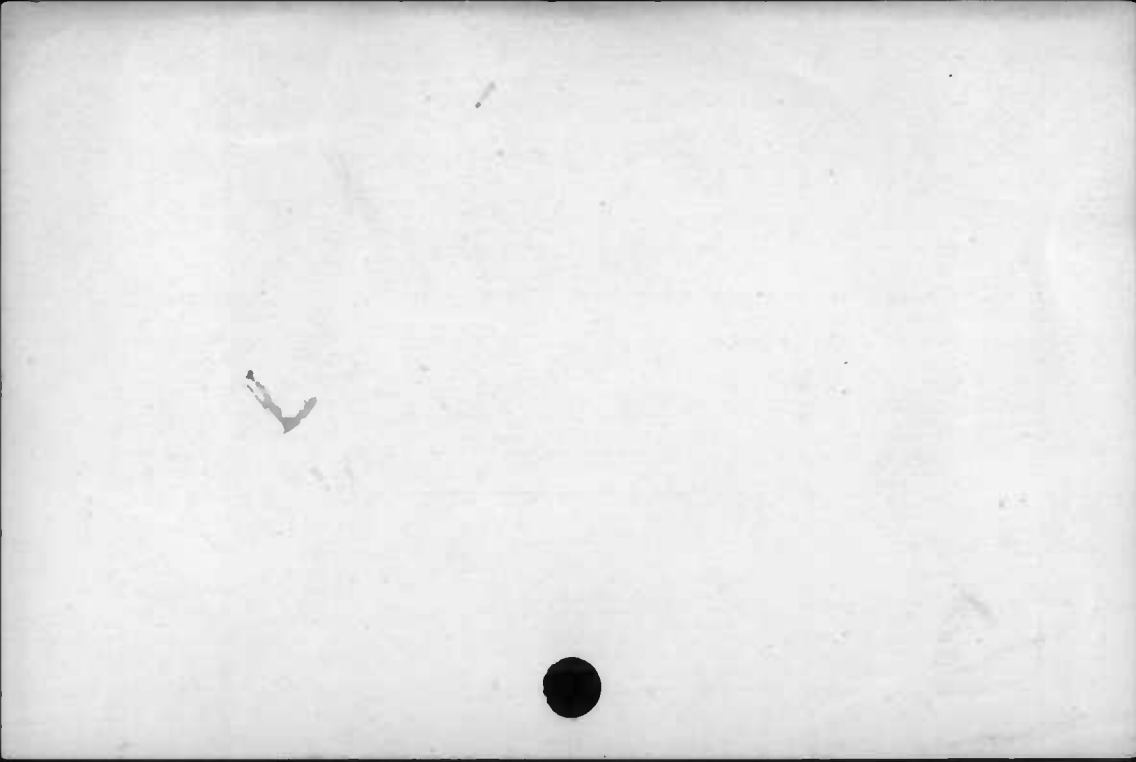
Died at <i>Lewistown</i> ^{Town}		<i>Ford</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>9</i>	Day <i>10</i>	Age <i>69</i>	Months <i>6</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Matilda Brangley</i>			
Father's Name <i>Michael Brangley</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Eliza Jackson</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>16 days</i>
Immediate <i>Toxoid poison</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. L. Nightman</i>
	Address <i>Lewistown Md.</i>
Accident or Suicide?	



Name
in
Full

Laura Taylor Jeanis

CERTIFICATE OF DEATH

MARYLAND

Died at *Frederick* Town *Frederick* County

Date of death *1908* Month *9* Day *7* Age *46* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Frederick*

Occupation *Servant* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widow* Name of Wife or Husband *James B. Jeanis*

Father's Name *Wilson Biggs* Father's Birthplace *Frederick Co. Md.*

Mother's Maiden Name *Julia Lyles* Mother's Birthplace *Frederick*

Name of person giving information *Julia Taylor* How related to deceased *Mother*

CAUSES OF DEATH

66

Primary *Pneumonia* How long *Six months*

Immediate *Anemia* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *B. O. Thomas*

Address *7 E. Second St. - Frederick, Md.*

Accident or Suicide? *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment Sep 9 - 08
" at Greenmount
Thomas P. Rice F.D

Dr. Thomas

Dr. M. C. Curdy,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Chr. Jennings

Town Brunswick County Frederick MARYLAND

Died at

Date of death 1908 Month Sept Day 3 Age — Years — Months — Days —

Sex male Color or Race white Birth-place Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Chr E. Jennings Father's Birthplace W. Va

Mother's Maiden Name Edith Eldred Russell Mother's Birthplace W. Va

Name of person giving Information Chr E. Jennings How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

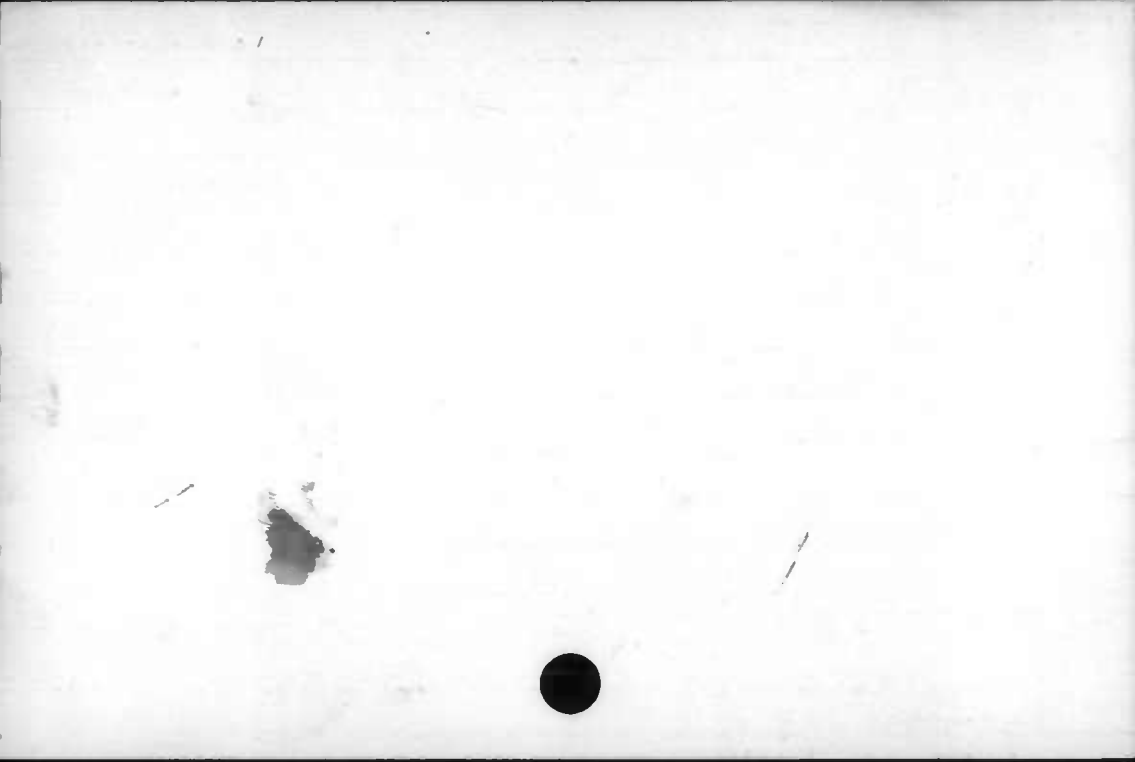
Primary Star Burst How long 5

Immediate u How long u

Are the name, age, sex, color, date and place correctly given above? — Signature of Physician Levin Frost

Address Street Office

Accident or Suicide —



Name
in
Full

Richard Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Catonsville* ^{Town} *Frederick* ^{County}Date of death *1908* ^{Month} *Sept* - ^{Day} *3* ^{Years} *44* ^{Months} *0* ^{Days} *19*Sex *male* Color or Race *white* Birth-place *Ireland*Occupation *Clark-Ston* Where Residing if not at place of death *~*Married, Single or Widowed *married* Name of Wife or Husband *Mary Elliott*Father's Name *Isaac Kelly* Father's Birthplace *Ireland*Mother's Maiden Name *don't know* Mother's Birthplace *don't know*Name of person giving information *Frank Tralcy* How related to deceased *son in law*

CAUSES OF DEATH

93

Primary *Cardiac renal disease*How long *4 yrs -*Immediate *Pneumonia*How long *1 week*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Morris A. Bieley*Address *Thurmont*Accident or Suicide? *~*



Name
in
Full

John Keys

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Unionville^{County} Frederick

MARYLAND

Date
of death 1908^{Month} Sept^{Day} 12^{Years} Age 77^{Months}^{Days} 15

Sex

Male

Color or
Race

Colored

Birth-
place

Frederick Co

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Jane Keys

Father's
Name

James Keys

Father's
Birthplace

Frederick Co

Mother's
Maiden Name

Fibitha Parker

Mother's
Birthplace

Unknown

Name of person giving
In formation

John Keys

How related
to deceased

Son

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Chronic Gastritis

How long

2 yrs

Immediate

Ex Lunction

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. B. Howe M.D.

Address

Liberty Town

Frederick Co

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth King

Town
Near
Heagaville

County
Frederick

MARYLAND

Date
of death 1908

Month
9

Day
18

Age
76

Years

Months
0

Days
18

Sex

Female

Color or
Race

White

Birth-
place

Frederick Co Md

Occupation

House Wife

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John King

Father's
Name

William Cecil

Father's
Birthplace

Frederick Co Md

Mother's
Maiden Name

Lydia A. Feaster

Mother's
Birthplace

" " "

Name of person giving
In formation

Charles C. King

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senility, Chronic Nephritis

How long

6 mos.

Immediate

~~Senility~~ Acute Purpura

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

F. H. Keady
Frederick

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment Sep 20 - 08
" at Mt Olivet Cemetery

Thomas P. Rice F. & O.

Dr Hedges

Dr Goodell

Dr McCurdy

Name
in
Full

Mrs. Annie Ellen Kline

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Woodsboro^{County} Frederick

Date

of death 1908

Month

Sept

Day

25

Age

Years

34

Months

11

Days

Don't know

Sex

Female

Color or
Race

White

Birth-
place

Garfield-Md.

Occupation

Housewife

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Silas Kline

Father's
Name

Joseph Wisner

Father's
Birthplace

Garfield Md.

Mother's
Maiden Name

Rebecca Smith

Mother's
Birthplace

Garfield Md.

Name of person giving
information

Robert E. L. Smith

How related
to deceased

none.

CAUSES OF DEATH

137

Primary

Labor

How long

about 24 hours

Immediate

Septic-Purperal Eritonitis

How long

8 days.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Robert Lee Hammond

Address

Woodsboro,

Md. own

Accident or Suicide?

Yes.
no.TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

This woman had no medical or obstetrical attention during her confinement. I saw her on Sunday night ^(Sept. 20th). She having completed her labor on Thursday ^(Sept. 17th) previous, a portion of retained placenta was the cause of infection. R. L. H.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

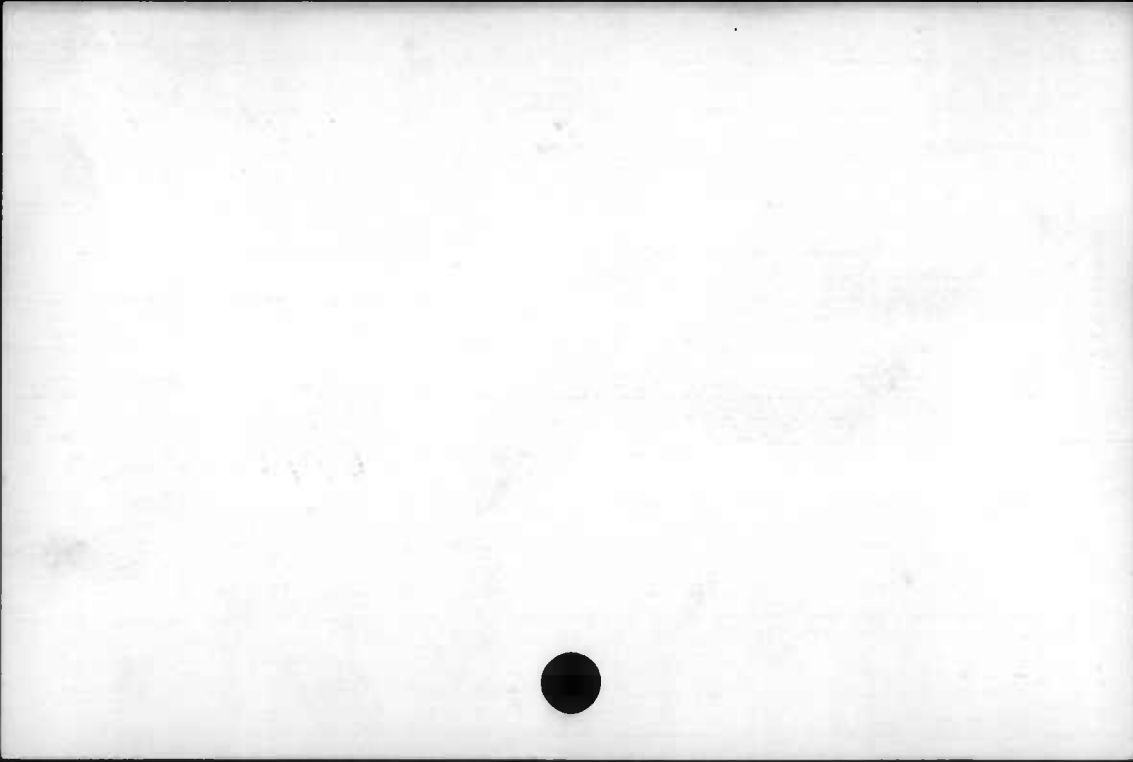
Name in Full <i>Harry E Koonzy</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>9</i>		Day <i>3</i>		Years <i>36</i>	
Date of death 190 <i>8</i>		Month <i>9</i>		Day <i>3</i>		Age <i>36</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>6</i>	
Occupation <i></i>		Where Residing if not at place of death <i>Frederick</i>		Days <i>29</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alice Koonzy</i>		Father's Name <i>Edward Koonzy</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Mary Estine</i>		Mother's Birthplace <i>Md</i>		Name of person giving Information <i>Alice Koonzy</i>		How related to deceased <i>Wife</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Asthma</i>	How long <i>3 mos</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Gandy</i>
	Address <i>15 - W. Park St.</i>
Accident or Suicide <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND(Infant)
Doubt

TOWN

County

MARYLAND

Died at

Date

of death 1908

Month

Sept.

Day

7

Years

Age

Months

Seven

Days

6

Sex

female

Color or
Race

Black

Birth-
place

Doubt

Occupation

Where Residing if not
at place of death

Doubt

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Victor Lawson (dead)

Father's
Birthplace

Doubt

Mother's
Maiden Name

Bertie Dorsey

Mother's
Birthplace

Howard County

Name of person giving
In formation

Garfield Proctor

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Marasmus

How long

4 months

Immediate

Exhaustion

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

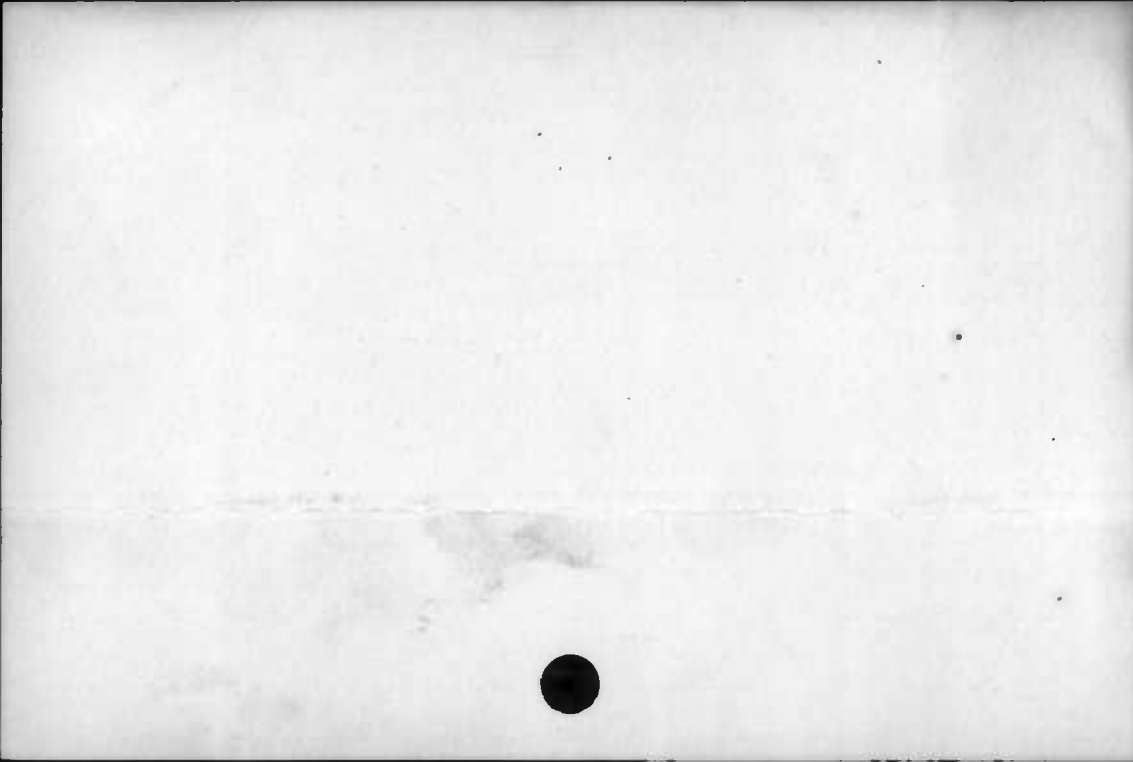
yes

Signature of
Physician

Address

Jas. S. Thomas, M.D.
Adamstown,
Md.

Accident or Suicide?



Name
in
Full

Agnes Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Mountaine Hospital* County *Frederick* **MARYLAND**

Died at *Mountaine Hospital*

Date of death *1908* Month *Sept.* Day *23* Age *86* Months *X* Days *X*

Sex *Female* Color or Race *Black* Birthplace *md*

Occupation *Formally Domestic* Where Residing if not at place of death *X*

Married, Single or Widowed *Married* Name of Wife or Husband *Philip Lee*

Father's Name *Harry Hall* Father's Birthplace *md*

Mother's Maiden Name *Millie Hall* Mother's Birthplace *md*

Name of person giving Information *William Lee* How related to deceased *Son*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Senile Debility* How long *Several years.*

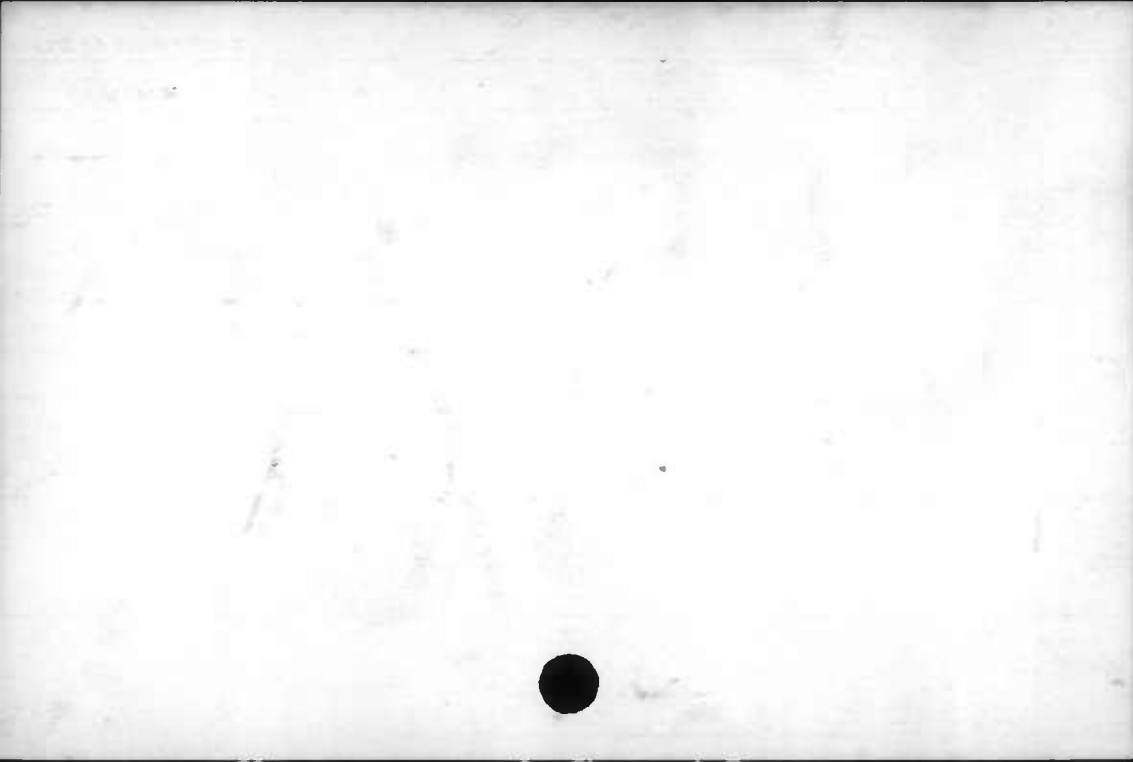
Immediate *apoplexy* How long *Several hours.*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *U. G. Bourne M.D.*

Address *Frederick, md.*

Accident or Suicide



Name in Full

Certificate of Death

Mary F. Main

Town

County

Died at

Bartonsville

Frederick

MARYLAND

Date 19

08

Month

Day

Y.

M.

D.

Native of

Occupation

Sep 26

Age

1 11

13 Fred. Co. Md

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Jm I Main

Mother's
Maiden Name

Ann M. Graybill

Cause of

Primary

Scarlet fever

Death

Immediate

Inflammation of brain

How long sick

7 days

Accident, Suicide, Homicide

Reported by

H. E. Stone

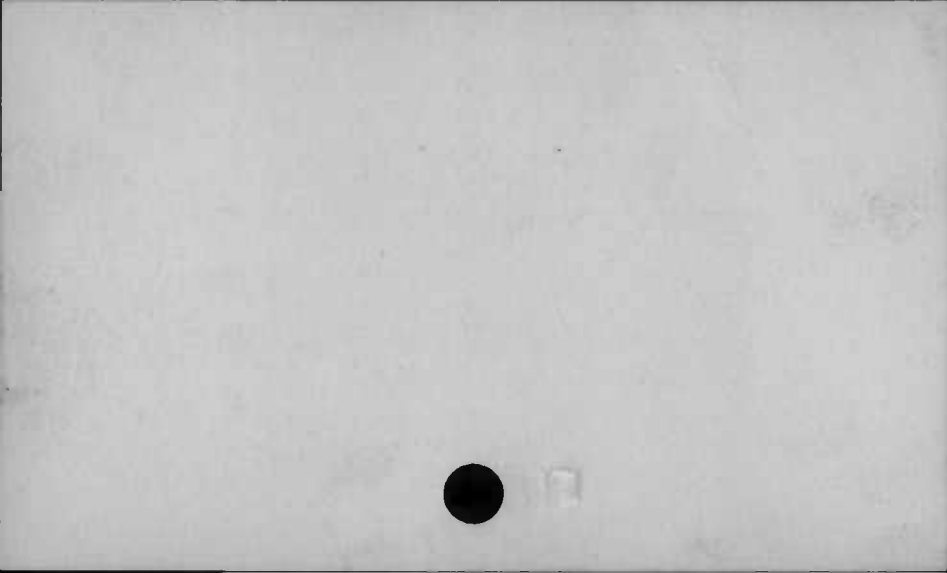
M. D.

Address

Mt Pleasant

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Daniel C. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Middletown ^{County} Frederick		MARYLAND	
Date of death 1908	^{Month} Sept.	^{Day} 3	^{Years} Age 73
^{Months} 8	^{Days} 25		
Sex Male	Color or Race White	Birth-place Maryland	
Occupation Retired Farmer	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband Fannie C. Bobbitt		
Father's Name John Miller	Father's Birthplace Middletown		
Mother's Maiden Name Susan Rooge	Mother's Birthplace Middletown Md		
Name of person giving Information Fannie C. Miller	How related to deceased	Wife Md	

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	Arteriosclerosis	How long	3 years
Immediate	Paralysis of bowels	How long	16 days
Are the name, age, sex, color, data and place correctly given above?	Yes	Signature of Physician	A. C. Land
		Address	Middletown Md
Accident or Suicide			



Name
in
Full

Clarence Hale Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Libertytown ^{County} Frederick

MARYLAND

Date of death 1908 ^{Month} Sept. ^{Day} 11 ^{Age} ^{Years} ^{Months} ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} Frederick Co

Occupation ^{Where Residing if not at place of death}

Married, Single or Widowed ^{Name of Wife or Husband}

Father's Name ^{Clarence H. Moore} ^{Father's Birthplace} Denver, Col.

Mother's Maiden Name ^{Sarah E. Eyler} ^{Mother's Birthplace} Frederick Co.

Name of person giving information ^{Sarah E. Eyler} ^{How related to deceased} Mother

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary ^{Still-born} ^{How long}

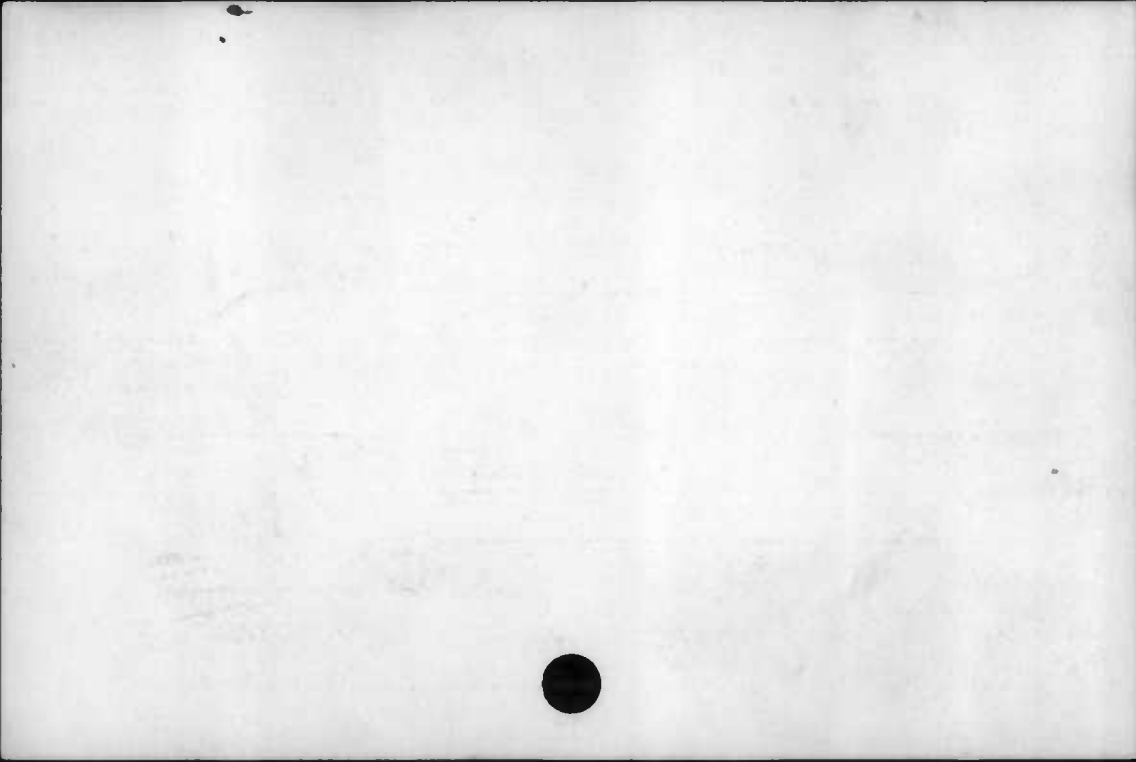
Immediate ^{Prolonged & difficult labor} ^{How long}

Are the name, age, sex, color, date and place correctly given above? ^{yes}

Signature of Physician ^{Dr. B. Howe M.D.}

Address ^{Libertytown Frederick Co.}

Accident or Suicide?



Name
in
Full

Henry Mount

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Buckleytown Town

Fred County

Date of death 1908 Month Sept Day 18

Age 76 Years

Months —

Days —

Sex Male

Color or Race Negro

Birth-place MD

Occupation Laborer

Where Residing if not at place of death Same

Married, Single or Widowed Widowed

Name of Wife or Husband Sarah Mount deceased

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving information Frank Mount

How related to deceased Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Old Age

How long Severe Mri

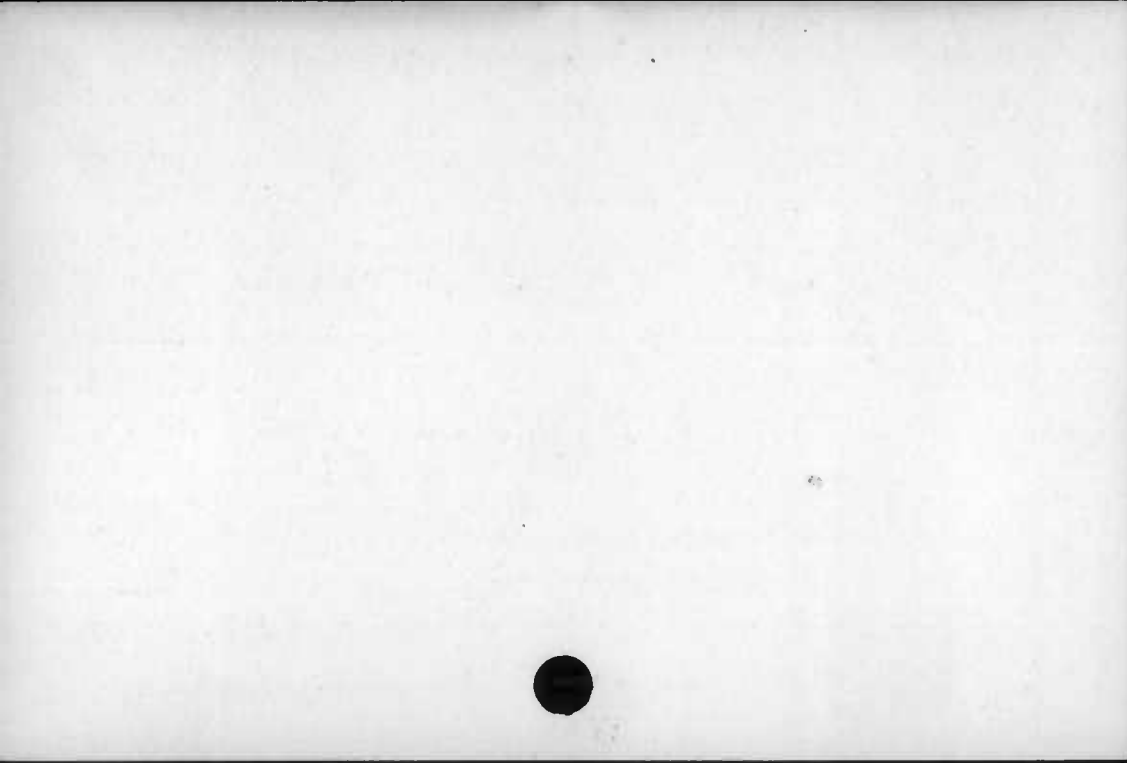
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician T. Clyde Routsen

Address Buckleytown

Accident or Suicide? No



Name
in
Full

Alphonso L. Moss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Yellow Springs</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>9</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>11</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Yellow Springs</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Samuel T. Moss</i>		Father's Birthplace <i>F. Co Md</i>					
Mother's Maiden Name <i>Gordie Kuss</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>S. T. Moss</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Terms</i>	How long <i>11 days</i>
Immediate <i>Narosemia</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. H. Hedgcock</i>
Address <i>Frederick</i>	
Accident or Suicide? <i>—</i>	<i>over</i>

Interment Sep 4-08

" at Brook Hill Cemetery

Thomas P. Rice F.D.

Dr. Needles,

Dr. Goodell

Name
in
Full

Sarah Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

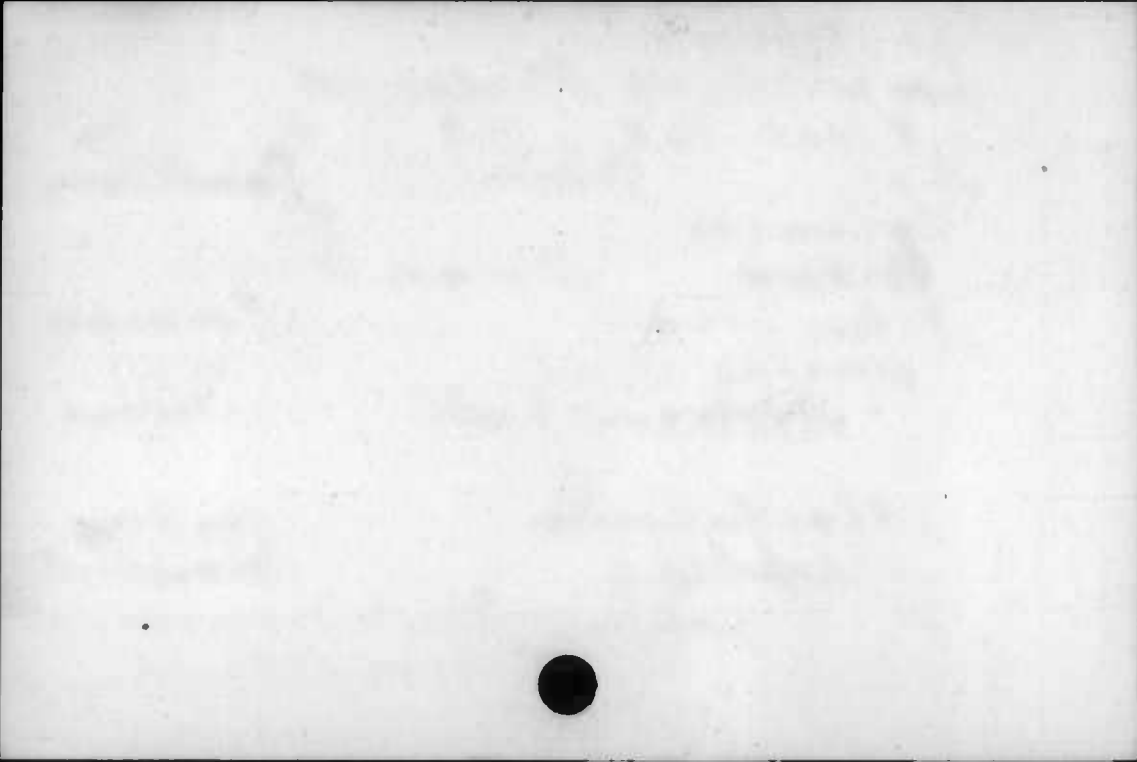
Died at <i>near Emmitsburg</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1908	Month <i>Sept</i>	Day <i>20</i>	Age <i>15</i>	Months <i>8</i> Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>near Emmitsburg</i>		
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i>Same as Above</i>				
Married Single	Name of Wife or Husband				
Father's Name <i>Abram C. Myers</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Sarah Hodges</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>William Winebrenner</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>Two wks.</i>
Immediate <i>Active Congestion of lungs</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>S. B. J. Jamison</i>
	Address <i>Emmitsburg Md</i>
Accident or Suicide?	



Name
in
Full

George Francis Nealk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Emmitsburg Frederick County

Date of death 1908 Sept 16th Age 43 Months 2 Days 16

Sex Male Color or Race White Birthplace Emmitsburg

Occupation Labourer Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Susan Felix

Father's Name John Nealk Father's Birthplace Germany

Mother's Maiden Name Dorothy Batz Mother's Birthplace "

Name of person giving information Norman Nealk How related to deceased None

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary Alcoholism Chronic How long one day

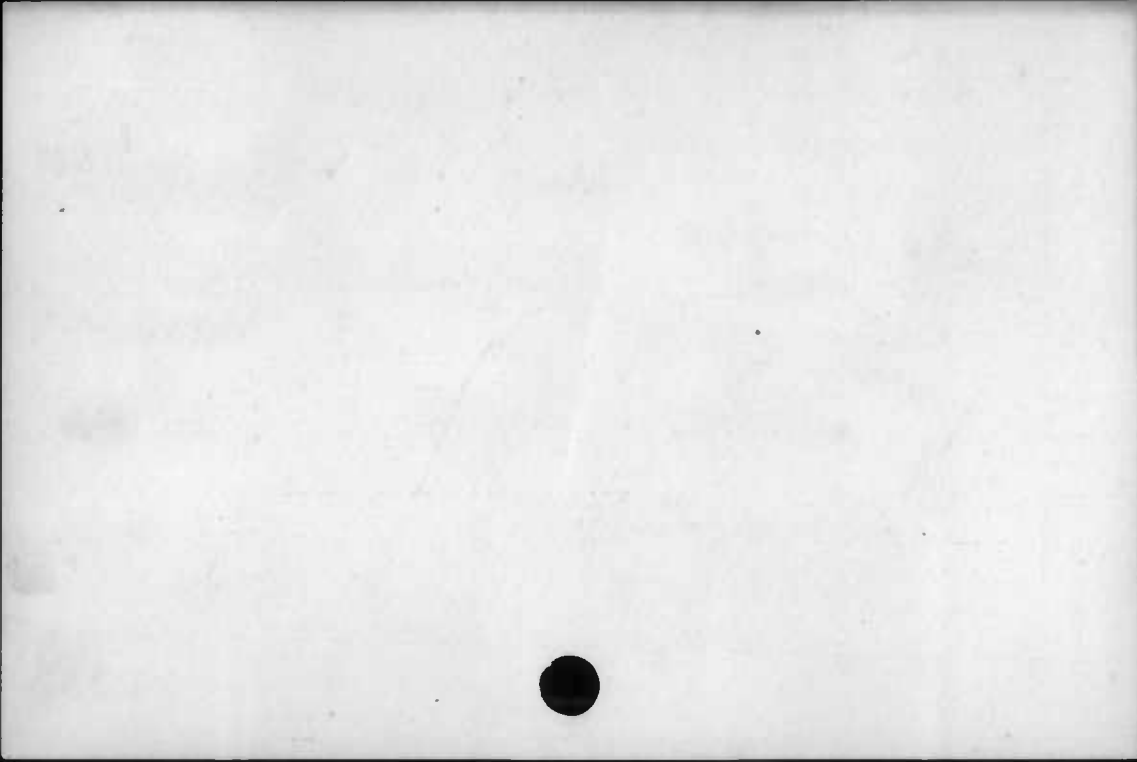
Immediate Apoplexy How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John B. Brown

Address Emmitsburg

Accident or Suicide?



Name
in
Full

Ely Albert Palmer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

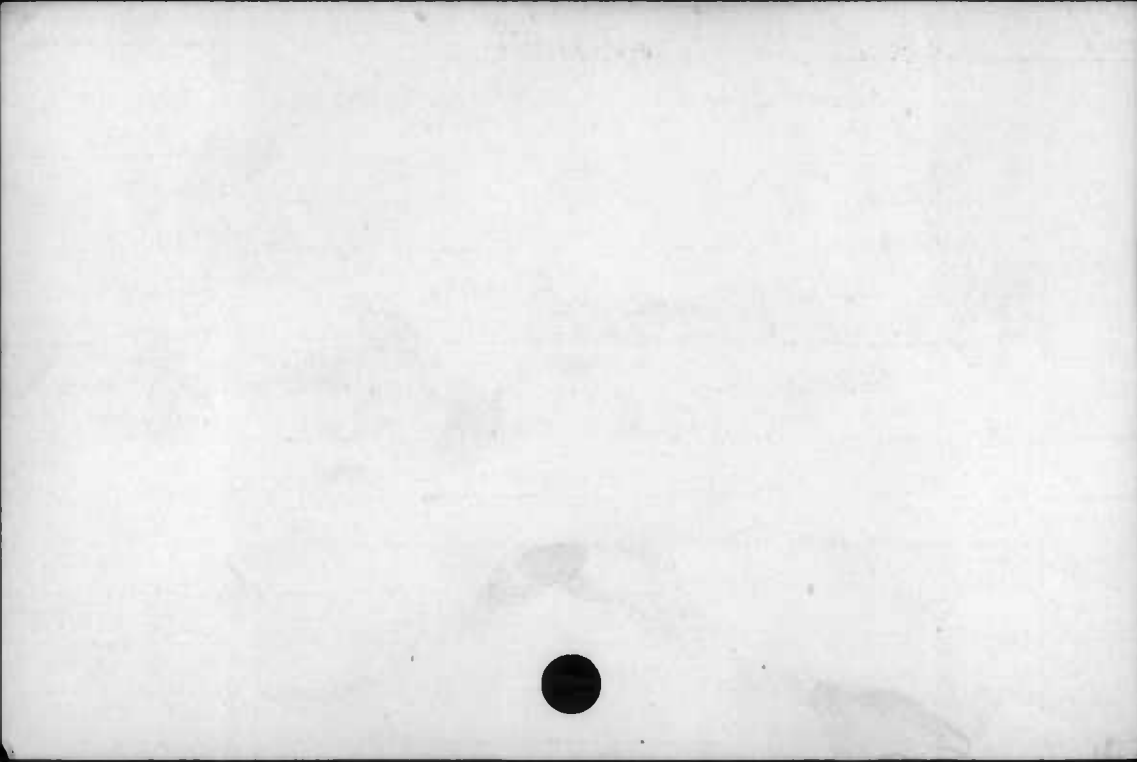
Died at		Town Bolivar		County Frederick		MARYLAND	
Date of death		1908	Month 9	Day 6	Age 18	Years	Months —
Sex Female		Color or Race White		Birth- place Maryland.			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband Blaine Palmer			
Father's Name		John J. Shaw				Father's Birthplace Maryland.	
Mother's Maiden Name		Clara Harp				Mother's Birthplace Maryland.	
Name of person giving In formation		John J. Shaw				How related to deceased Fishes.	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Uraemia	How long	1 week.
Immediate	Convulsions, Exhaustion	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Hubert Wade, M.D.	
Address		Barnesboro, Md.	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>George D Paffinberger</i>		Town <i>Myersville</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Myersville</i>		Month <i>SEP</i>		Day <i>18</i>		Years <i>7</i>	
Date of death <i>1908</i>		Month <i>SEP</i>		Day <i>18</i>		Months <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Myersville</i>		Days <i>18</i>	
Occupation <i>Nun</i>		Where Residing if not at place of death <i>Myersville</i>					
Married, Single or Widowed <i>Nun</i>		Name of Wife or Husband <i>Nun</i>					
Father's Name <i>R B Paffinberger</i>		Father's Birthplace <i>Church Hill</i>					
Mother's Maiden Name <i>Margie E</i>		Mother's Birthplace <i>Myersville</i>					
Name of person giving In formation <i>R. B. Paffinberger</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>2 weeks</i>
Immediate <i>Diphtheria</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ralph Brubaker</i>
	Address <i>Myersville, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Le Gore* Town *Bred* County

Date of death 1908 9 21 Age 72 Months Days

Sex *Male* Color or Race *White* Birth-place *Franklin County Pennsylvania*Occupation *Line burner* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Mary Potts*Father's Name *Jno Potts* Father's Birthplace *Franklin County Pa.*Mother's Maiden Name *Mary Spidel* Mother's Birthplace *"*Name of person giving information *Andrew Potts* How related to deceased *Nephew*

CAUSES OF DEATH

Primary *Bright's Disease* How long *one year.*Immediate *Ascitis* How long *3 months*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Susan M. Putman

CERTIFICATE OF DEATH

Town

County

Died at *Fredericks**Fredericks*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1908**9**4*

Age

*45**9**24*

Sex

*Female*Color or
Race*White*Birth-
place*Va*

Occupation

*House Wife*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Widow*Name of Wife or
Husband*Nathaniel Putman,*Father's
Name*John Peterback,*Father's
Birthplace*Va*Mother's
Maiden Name*Mary M. Smith,*Mother's
Birthplace*"*Name of person giving
In formation*Mrs. Wm. Mullen,*How related
to deceased*Daughter*

CAUSES OF DEATH

155

Primary

Carbolic Acid Poisoning

How long

(2/

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*H. P. Fahmy M.D.*

Address

Fredericks Md.

Accident or Suicide?

*Suicide*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment Sep 6 - 08

" at St. Lukes Cemetery
" at Freagaville, N. Co. Md.

Thomas P. Rice F. D.

Dr. H. T. Fahoney.

Dr. McCurdy.

Name
in
Full

CERTIFICATE OF DEATH

Nellie Orman Catherine Ray

Town

County

MARYLAND

Died at

Mt. Airy

Frederick

Date

of death 1908

Month

9

Day

17

Age

Years

Months

7

Days

17

Sex

Female

Color or
Race

White

Birth-
place

Mt. Airy

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Huaband

Father's
Name

Geo. F. D. Ray

Father's
Birthplace

Mother's
Maiden Name

Lena D. Ray

Mother's
Birthplace

Name of person giving
Information

Mary J. Ulrich

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

How long

71

Immediate

Convulsion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Wm. F. Gooden, M.D.

Add as

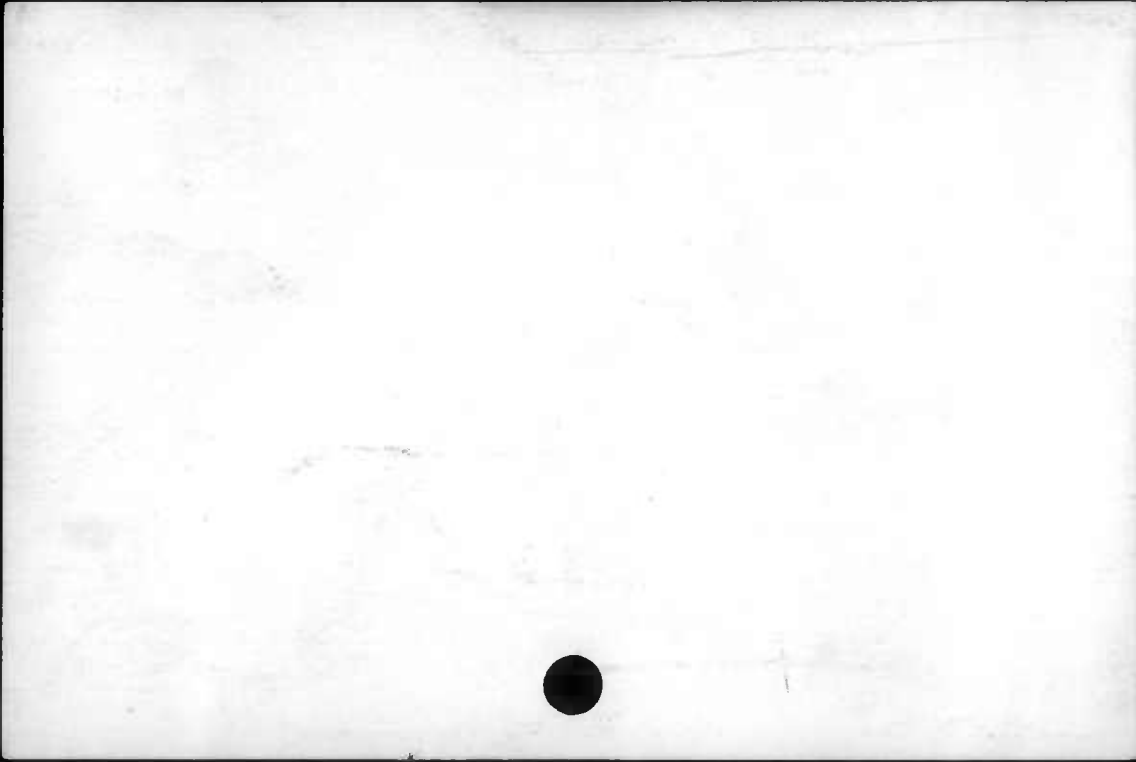
County Health Officer

Frederick, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

John Reifsnider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Sept.	10	76		2	-
Sex	Male		Color or Race	White		Birth place	Chamberburg
Occupation	Retired			Where Residing if not at place of death			Emmitsburg
Married, Single or Widowed	Married		Name of Wife or Husband				
		Olivia Reifsnider					
Father's Name	Michael Reifsnider					Father's Birthplace	Chamberburg
Mother's Maiden Name	not known					Mother's Birthplace	Chamberburg
Name of person giving information	Olivia Reifsnider					How related to deceased	Wife

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary	Carcinoma of Sub. Maxillary		How long	Two years
Immediate	General osteemia		How long	Two years
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	B. J. Gannish
			Address	Emmitsburg Md.
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

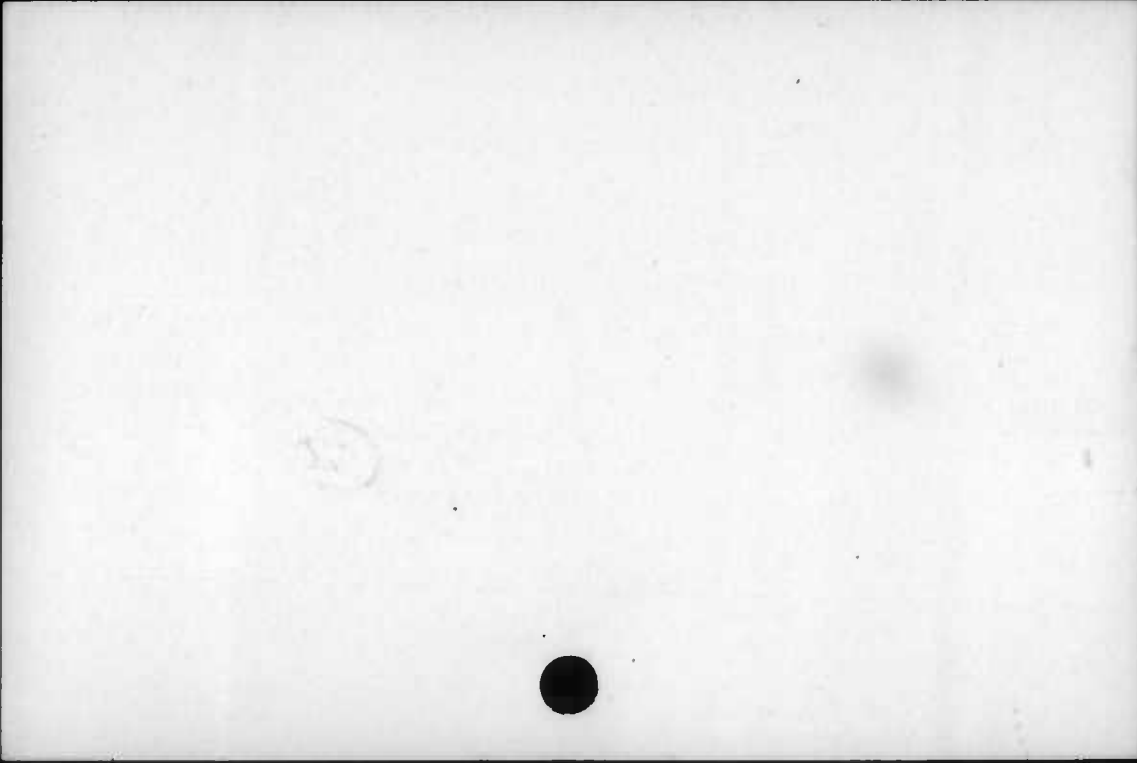
Name in Full <i>Lillie C. Rhodes</i>		Town <i>Hella</i>		County <i>Frederick</i>		MARYLAND							
Died at <i>Hella</i>		Month <i>Sept</i>		Day <i>6</i>		Age <i>19</i>		Years <i>8</i>		Months <i>7</i>		Days <i>17</i>	
Date of death <i>1908</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Med</i>							
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Same</i>											
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Chester Rhodes</i>											
Father's Name <i>Samuel Perrell</i>		Father's Birthplace <i>Med</i>											
Mother's Maiden Name <i>Mary Best</i>		Mother's Birthplace <i>Med</i>											
Name of person giving information <i>Mrs Perrell</i>		How related to deceased <i>Mother</i>											

CAUSES OF DEATH

70

PHYSICIAN
OR CORONER

Primary <i>Eclampsia Convulsion</i>		How long <i>Sudden</i>	
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>		Signature of Physician <i>T. Clyde Britton</i>	
		Address <i>Buckhington Sub Reg.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u> Town <u>Brunswick</u> County		MARYLAND	
Date of death 1908	Month <u>Sept</u>	Day <u>14</u>	Age <u>4</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Brunswick Maryland</u>	Months <u>2</u> Days <u>20</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Edw. D. Rockwell</u>	Father's Birthplace <u>W. Va.</u>		
Mother's Maiden Name <u>Mary M. Hoyle</u>	Mother's Birthplace <u>W. Va.</u>		
Name of person giving Information <u>"</u>	How related to deceased <u>mother</u>		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <u>Tubercular Meningitis (T.B. in Sputum)</u>	How long <u>2 1/2 days</u>
Immediate <u>Toxic Shock (Opisthotonus)</u>	How long <u>20 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. P. Crane</u>
	Address <u>Brunswick, Md.</u>
Accident or Suicide	



Name
in
Full

Mary Ella Rowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick ^{Town} Frederick ^{County} **MARYLAND**

Date of death 1905 ^{Month} Sept ^{Day} 26 ^{Years} 35 ^{Months} + ^{Days}

Sex Female Color or Race White Birth-place MD

Occupation Laundress Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Paulus Rowe

Father's Name Bennett Father's Birthplace MD

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information — How related to deceased 1

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dysphoid Fever How long 1 week

Immediate Apoplexy How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. McLeurdy

Address 15 W. Patrick St.

Accident or Suicide —



Name
in
Full

Susan Shaper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lewistown</i> <small>Town</small>		<i>Frank</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>9</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>74</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>21</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single <i>or Widowed</i>		Name of Wife or Husband <i>Gustavus Shaper</i>			
Father's Name <i>Daniel Cook</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Anna Hill</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>John Shulzy</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary <i>Cerebral softening</i>	How long <i>Two years</i>
Immediate <i>Paralysis</i>	How long <i>Ten days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. S. Neighbour</i>
<i>[Signature]</i>	Address <i>Lewistown Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

John Shank

Town

County

MARYLAND

Died at

Emmitsburg Frederick

Date

Month

Day

Years

Months

Days

of death

1908

Sept

10

Age

80

Sex

Male

Color or
Race

White

Birth-
place

Pa

Occupation

Farmer

Where Residing if not
at place of death

Emmitsburg Md

Married, ~~Yes~~

Name of Wife or
Husband

Margaret Shank

Father's
Name

Jacob Shank

Father's
Birthplace

Md

Mother's
Maiden Name

Ellen Robinson

Mother's
Birthplace

"

Name of person giving
information

Samuel Shank

How related
to deceased

Brother

CAUSES OF DEATH

63

Primary

Acute Ascending Paralysis

How long

6 days

Immediate

Respiratory failure

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

B. J. J. J. J.

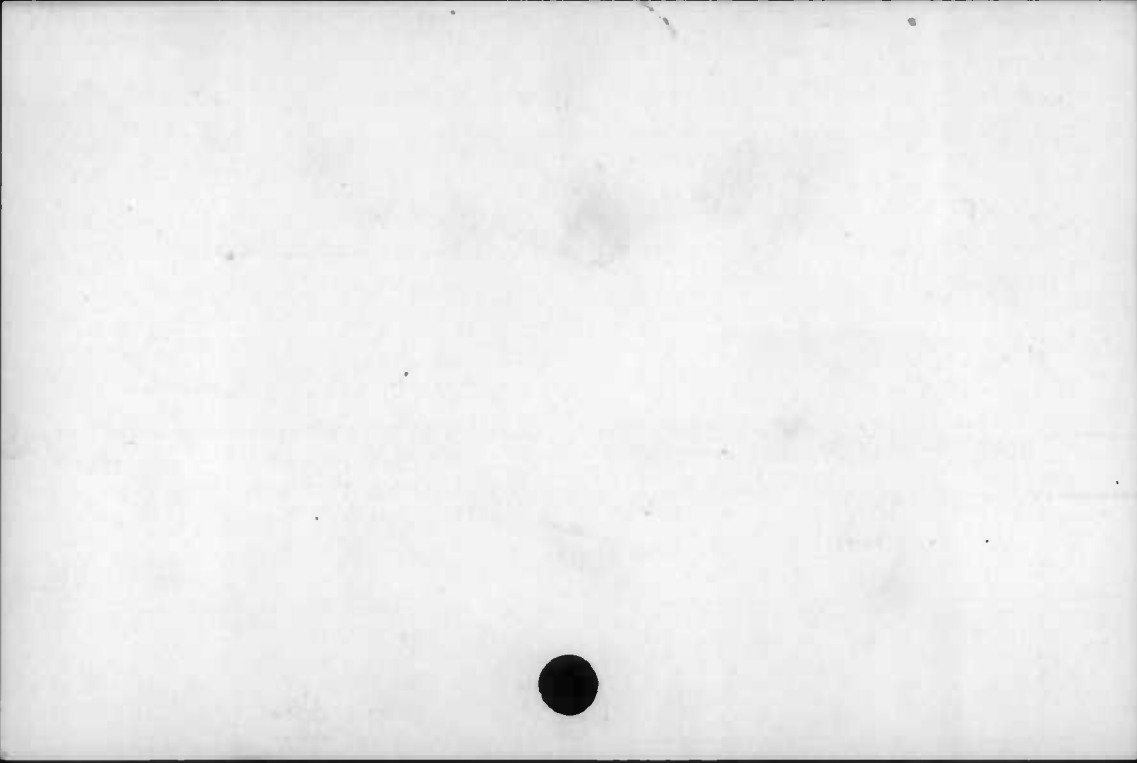
Emmitsburg

no

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

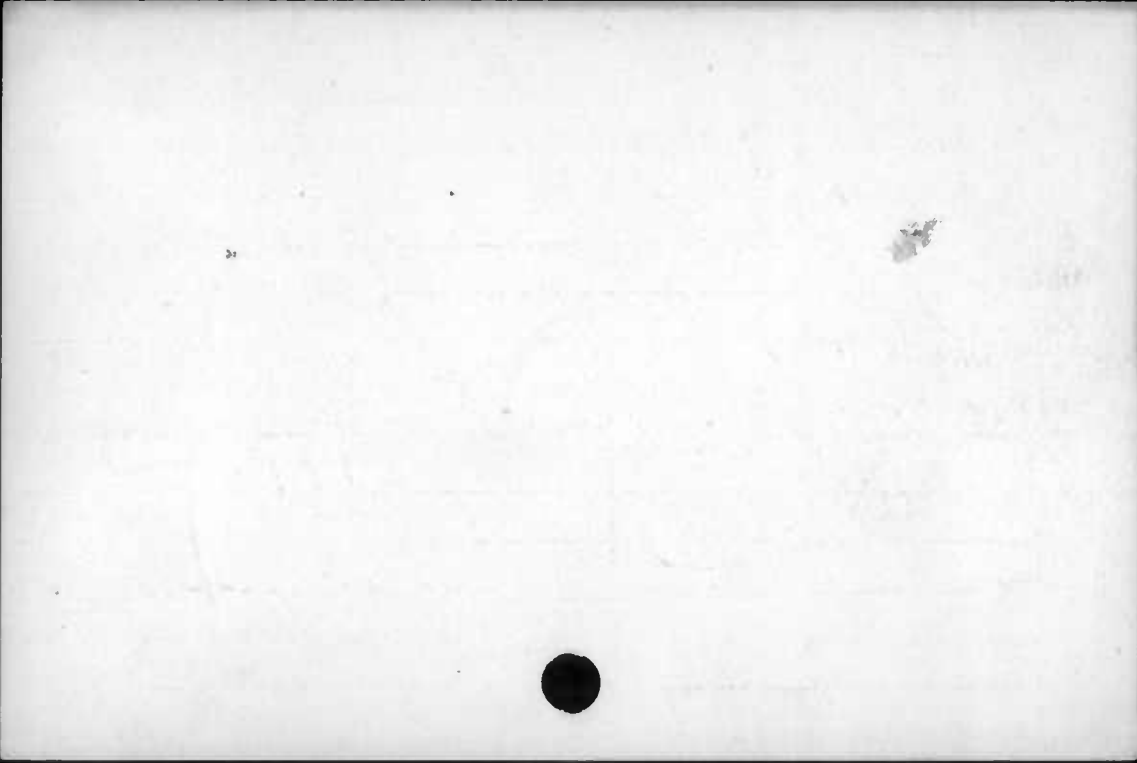
Died at <i>Lewiston</i> Town		<i>Frank</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>9</i>	Day <i>20</i>	Age <i>79</i> Years	Months <i>8</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Jacob Shriver</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Rebecca Bigger</i>		Mother's Birthplace <i>Md</i>			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long
Immediate <i>Heart failure</i>	How long <i>Long days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E D Neighban</i>
<i>9</i>	Address <i>Lewiston Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

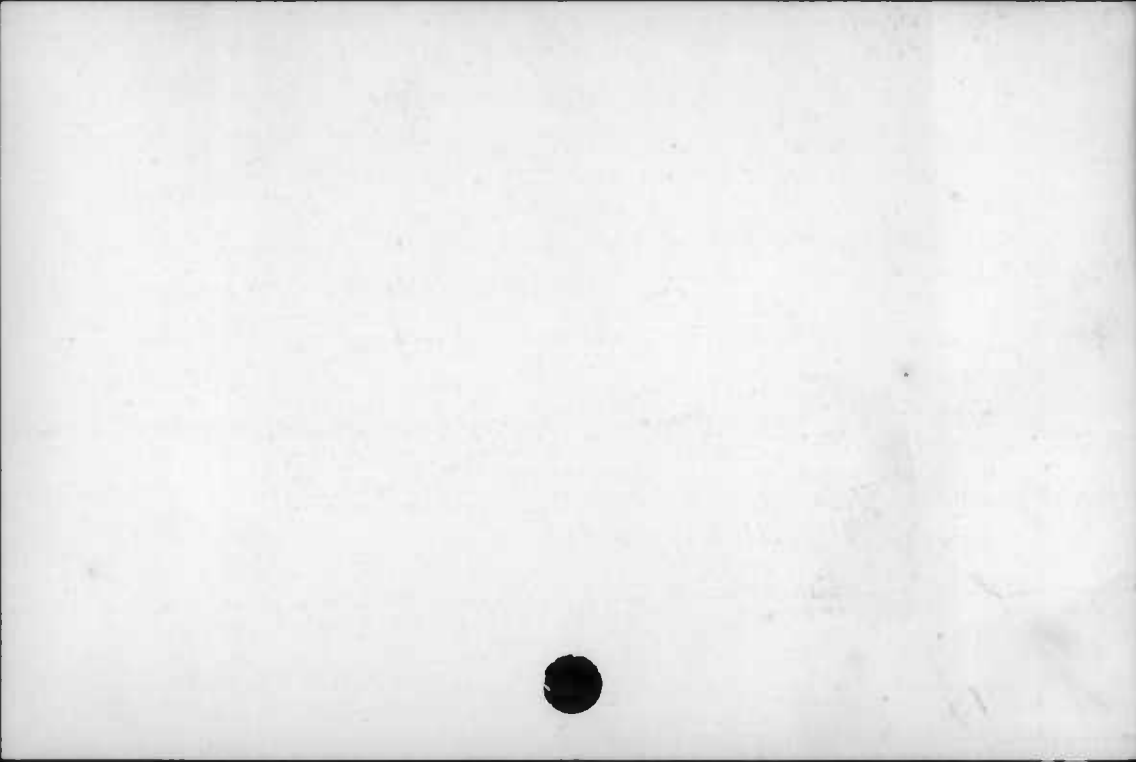
Name <i>Mary H. Sign</i>		Town <i>Liberty Town</i>		County <i>Fredrick</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>9th</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>67</i>		Years <i>5</i>	
Occupation <i>Retired</i>		Where Residing if not at place of death		Birth-place <i>Washington, D.C.</i>		Days <i>17</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Thomas Sign</i>		Father's Name <i>Josiah Vardner</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Margaret A. Hillis</i>		Name of person giving information <i>Mrs B. A. Richmond</i>		Mother's Birthplace <i>Unknown</i>		How related to deceased <i>Sister-in-law</i>	

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary	<i>Cerebral softening</i>	How long	<i>one month</i>
Immediate	<i>Cerebral softening</i>	How long	<i>8 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm B. Stone M.D.</i>
		Address	<i>Liberty town Fredrick Co.</i>
Accident or Suicide?			



Name
in
Full

Annie R. Simonson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Frederick* County *Frederick* MARYLAND

Died at *Frederick*

Date of death *1908* Month *9* Day *30* Age *28* Months *9* Days *0*

Sex *Female* Color or Race *Black* Birth-place *Frederick*

Occupation *House Wife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Edward Simonson*

Father's Name *Peter Parkins* Father's Birthplace *Frederick*

Mother's Maiden Name *Annie Francis* Mother's Birthplace *" "*

Name of person giving Information *Mrs. Grant Chambers* How related to deceased *Sister*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *Several months*

Immediate *General Exhaustion* How long

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *M. G. Boone, M.D.*

Address *Frederick Md.*

Accident or Suicidal *---*

Interment Oct. 2 - 1908

" at Greenmount Cemetery

Thomas P. Rice Jr. & Co.

Dr Bousne

Dr McCurdy

Name
in
Full

Martha C. Slaybaugh
Town Emmitsburg County Frederick

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1908

Month

Sep

Day

2

Age

Years

64

Months

8

Days

5

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

House-keeper

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Emmanuel Slaybaugh

Father's
Birthplace

Maryland

Mother's
Maiden Name

Elizabeth Hickensmith

Mother's
Birthplace

Maryland

Name of person giving
Information

Mrs. Anderson

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Chronic Bright's Disease

How long

9 years

Immediate

Septicemia

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. H. Stone

Address

Emmitsburg Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

120



Name
in
Full

Violet Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

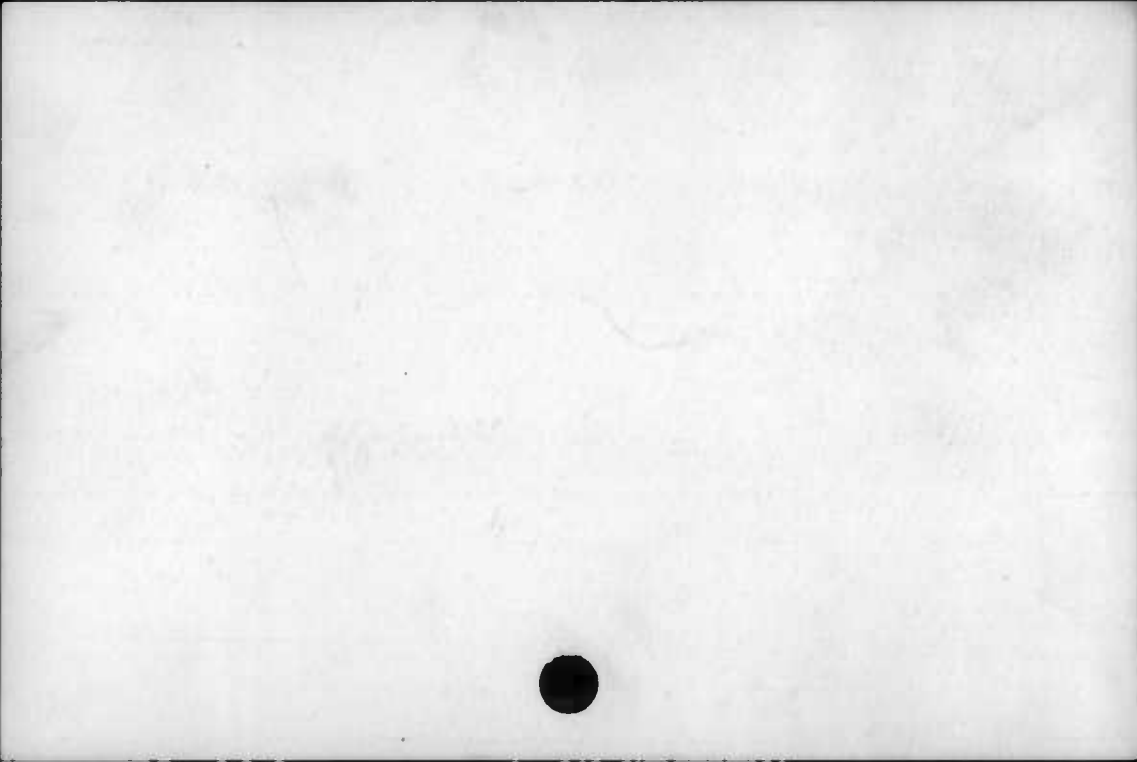
Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>9</i>	<i>3</i>	Age	<i>28</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>MD</i>
Occupation	<i>Chud</i>	Where Residing if not at place of death		<i>X</i>	
Married, Single or Widowed	<i>Chud</i>	Name of Wife or Husband			
Father's Name	<i>John Monford (illegitimate)</i>			Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Rosa Smith</i>			Mother's Birthplace	<i>MD</i>
Name of person giving information	<i>Mary Plunkett</i>			How related to deceased	<i>Grandson</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Y</i>		<i>W. H. [Signature]</i>	
Address		<i>[Signature]</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		County <i>Frederick</i>		MARYLAND	
Date of death	1908	Month	9	Day	5
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md</i>
Occupation	<i>N. H.</i>				
Where Residing if not at place of death	<i>—</i>				
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Clifford R. Snyder</i>		
Father's Name	<i>Wm. A. Hahn</i>	Father's Birthplace	<i>Frederick</i>		
Mother's Maiden Name	<i>Hobbs</i>	Mother's Birthplace	<i>11</i>		
Name of person giving information	<i>D. B. P. Johnson</i>		How related to deceased	<i>not at all</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Parenchymatous Nephritis</i>	How long	<i>2 1/2 years</i>
Immediate	<i>Asthemia Ex Lustrum</i>	How long	<i>3 years</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Henry P. Johnson M.D.</i>
		Address	<i>Frederick Md</i>
<i>Accident or Suicide?</i>			



Name in Full		Infant J Ernest Speaks				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Frederick		Frederick		MARYLAND
	Date of death		1908	Month 9	Day 28	Age C	Months C
	Sex		Male		Color or Race		White
	Occupation		Infant		Birth-place		Fredericks.
					Where Residing if not at place of death		X
	Married, Single or Widowed		X		Name of Wife or Husband		X
	Father's Name		Ernest Speaks		Father's Birthplace		Ind
Mother's Maiden Name		Lula Row		Mother's Birthplace		Ind	
Name of person giving information		Ernest Speaks		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Premature Birth		How long		(S)
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H.A. Long
					Address		Cal.
	Accident or Suicide?						



Name
in
Full

Rachel Spriggs

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Frederick

Frederick

Date
of death 1908

Month

9

Day

23

Years

Age 60

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Frederick, Co. Md

Occupation

Maid

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Upton Spriggs.

Father's
Birthplace

Frederick, Co. Md

Mother's
Maiden Name

Flora Coates

Mother's
Birthplace

11 11 11

Name of person giving
Information

Edward Oran

How related
to deceased

Friend

CAUSES OF DEATH

Primary

Pneumonia

How long

7 days

Immediate

Cardiac asthma

How long

several mo.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. E. Brown M.D.

Address

Frederick, Md

Accident or Suicide

~~~~~

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Sep 24 - 1908

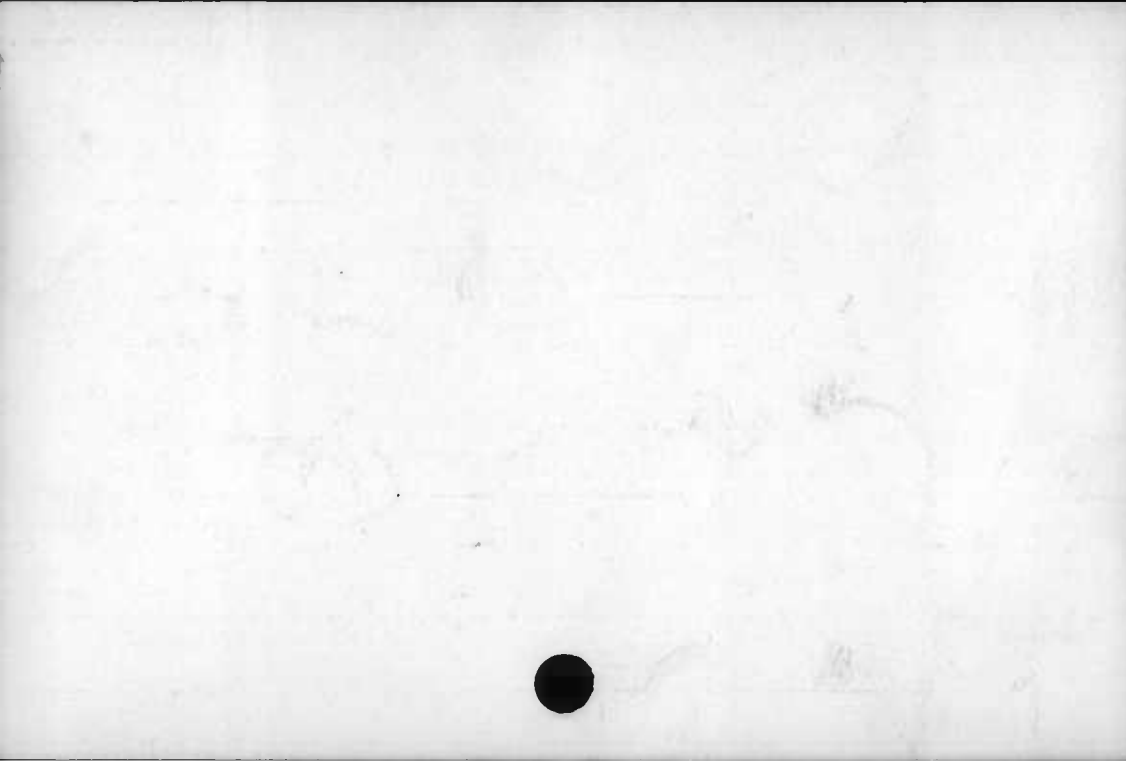
" at Laboring Son's Cemetery

Thomas P. Rice F. D.

Dr. Bourne,

Dr McCurdy,

|                                   |  |                                                                      |  |                                |  |                                         |  |
|-----------------------------------|--|----------------------------------------------------------------------|--|--------------------------------|--|-----------------------------------------|--|
| Name in Full                      |  | Thomas Spriggs                                                       |  |                                |  | CERTIFICATE OF DEATH                    |  |
| TO BE ANSWERED BY NEAREST FRIEND  |  | Died at                                                              |  | Montenue Hospital              |  | County                                  |  |
|                                   |  | Date of death                                                        |  | 1908 Sept 19                   |  | Age                                     |  |
|                                   |  | Sex                                                                  |  | male                           |  | Color or Race                           |  |
|                                   |  | Occupation                                                           |  | Unknown                        |  | Where Residing if not at place of death |  |
|                                   |  | Married, Single or Widowed                                           |  | "                              |  | Name of Wife or Husband                 |  |
|                                   |  | Father's Name                                                        |  | "                              |  | Father's Birthplace                     |  |
|                                   |  | Mother's Maiden Name                                                 |  | "                              |  | Mother's Birthplace                     |  |
| Name of person giving information |  | Nicholas Gossaway                                                    |  | How related to deceased        |  | "                                       |  |
| PHYSICIAN OR CORONER              |  | CAUSES OF DEATH                                                      |  |                                |  | 154                                     |  |
|                                   |  | Primary                                                              |  | Senile Dementia                |  | How long                                |  |
|                                   |  | Immediate                                                            |  | Exhaustion                     |  | How long                                |  |
|                                   |  | Are the name, age, sex, color, date and place correctly given above? |  | As near as can be ascertained. |  | Signature of Physician                  |  |
|                                   |  | Address                                                              |  | Frederick, Md.                 |  |                                         |  |
| Accident or Suicide?              |  |                                                                      |  |                                |  |                                         |  |





Name  
in  
Full

Annie Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                            |                                                                     |                                    |                                                     |                 |               |
|------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|-----------------|---------------|
| Died at <sup>Town</sup> <i>Frederick</i>                   |                                                                     | <sup>County</sup> <i>Frederick</i> |                                                     | MARYLAND        |               |
| Date of death <i>1908</i>                                  | Month <i>9</i>                                                      | Day <i>12</i>                      | Age <i>86</i>                                       | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i>                                          | Color or Race <i>Black</i>                                          |                                    | Birth-place <i>Frederick Co Md</i>                  |                 |               |
| Occupation <i>Servant</i>                                  |                                                                     |                                    | Where Residing if not at place of death <i>Same</i> |                 |               |
| Married, Single or Widowed <i>Widow</i>                    | Name of <sup>Wife or</sup> <del>Husband</del> <i>George Stewart</i> |                                    |                                                     |                 |               |
| Father's Name <i>Unknown</i>                               | Father's Birthplace <i>Unknown</i>                                  |                                    |                                                     |                 |               |
| Mother's Maiden Name <i>" "</i>                            | Mother's Birthplace <i>Unknown</i>                                  |                                    |                                                     |                 |               |
| Name of person giving information <i>Mrs. W. Henderson</i> |                                                                     |                                    | How related to deceased <i>Friend</i>               |                 |               |

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

|                                                                                 |                                                 |
|---------------------------------------------------------------------------------|-------------------------------------------------|
| Primary <i>Senile Debility</i>                                                  | How long <i>Several years</i>                   |
| Immediate <i>General Exhaustion</i>                                             | How long <i>Several weeks or more</i>           |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. J. Doane, M.D.</i> |
|                                                                                 | Address <i>Frederick, Md.</i>                   |
| Accident or Suicide? <i>—</i>                                                   |                                                 |

Interment Sep 15 - 08

" at Greenmount Cemetery

Thomas P. Rice. F. & D.

Dr Bourn

Dr McQuady

Name  
in  
Full

## CERTIFICATE OF DEATH

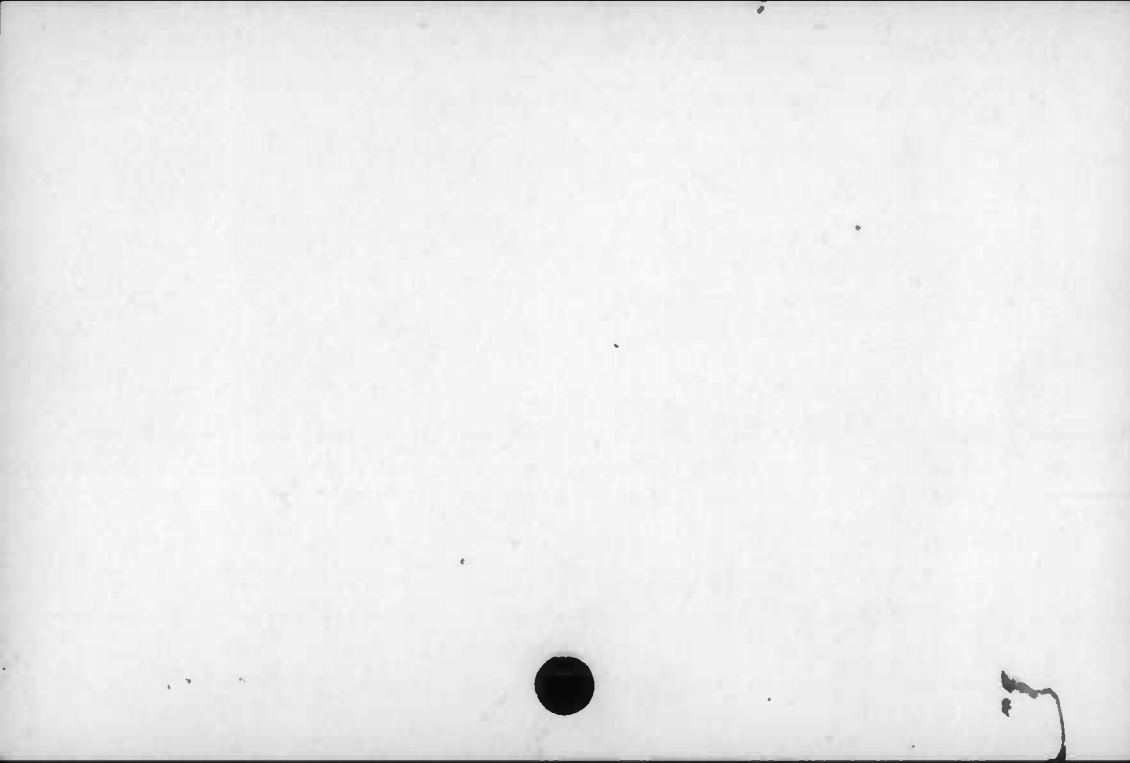
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                            |  |                              |  |                                                         |  |                          |  |                    |  |                   |  |
|------------------------------------------------------------|--|------------------------------|--|---------------------------------------------------------|--|--------------------------|--|--------------------|--|-------------------|--|
| Name in Full<br><i>John R Storer</i>                       |  | Town<br><i>Near Thurmont</i> |  | County<br><i>Frederick</i>                              |  | MARYLAND                 |  |                    |  |                   |  |
| Died at<br><i>Near Thurmont</i>                            |  | Month<br><i>9</i>            |  | Day<br><i>18</i>                                        |  | Years<br><i>93</i>       |  | Months<br><i>4</i> |  | Days<br><i>26</i> |  |
| Date of death<br><i>1908</i>                               |  | Sex<br><i>Male</i>           |  | Color or Race<br><i>White</i>                           |  | Birth-place<br><i>Md</i> |  |                    |  |                   |  |
| Occupation<br><i>Farmer</i>                                |  |                              |  | Where Residing if not at place of death<br><i>_____</i> |  |                          |  |                    |  |                   |  |
| Married, <del>Single</del><br>or <del>Widowed</del>        |  |                              |  | Name of Wife or Husband<br><i>unk</i>                   |  |                          |  |                    |  |                   |  |
| Father's Name<br><i>Daniel Storer</i>                      |  |                              |  | Father's Birthplace<br><i>Md</i>                        |  |                          |  |                    |  |                   |  |
| Mother's Maiden Name<br><i>Nancy Roof</i>                  |  |                              |  | Mother's Birthplace<br><i>Md</i>                        |  |                          |  |                    |  |                   |  |
| Name of person giving information<br><i>William Storer</i> |  |                              |  | How related to deceased<br><i>Son</i>                   |  |                          |  |                    |  |                   |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                    |  |                                                      |  |
|------------------------------------------------------------------------------------|--|------------------------------------------------------|--|
| Primary<br><i>Paralysis</i>                                                        |  | How long<br><i>10 weeks</i>                          |  |
| Immediate<br><i>_____</i>                                                          |  | How long<br><i>_____</i>                             |  |
| Are the name, age, sex, color, date and place correctly given above?<br><i>Yes</i> |  | Signature of Physician<br><i>James R Waters M.D.</i> |  |
| Accident or Suicide<br><i>_____</i>                                                |  | Address<br><i>Thurmont - Md</i>                      |  |



Name  
in  
Full

Hanson A Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

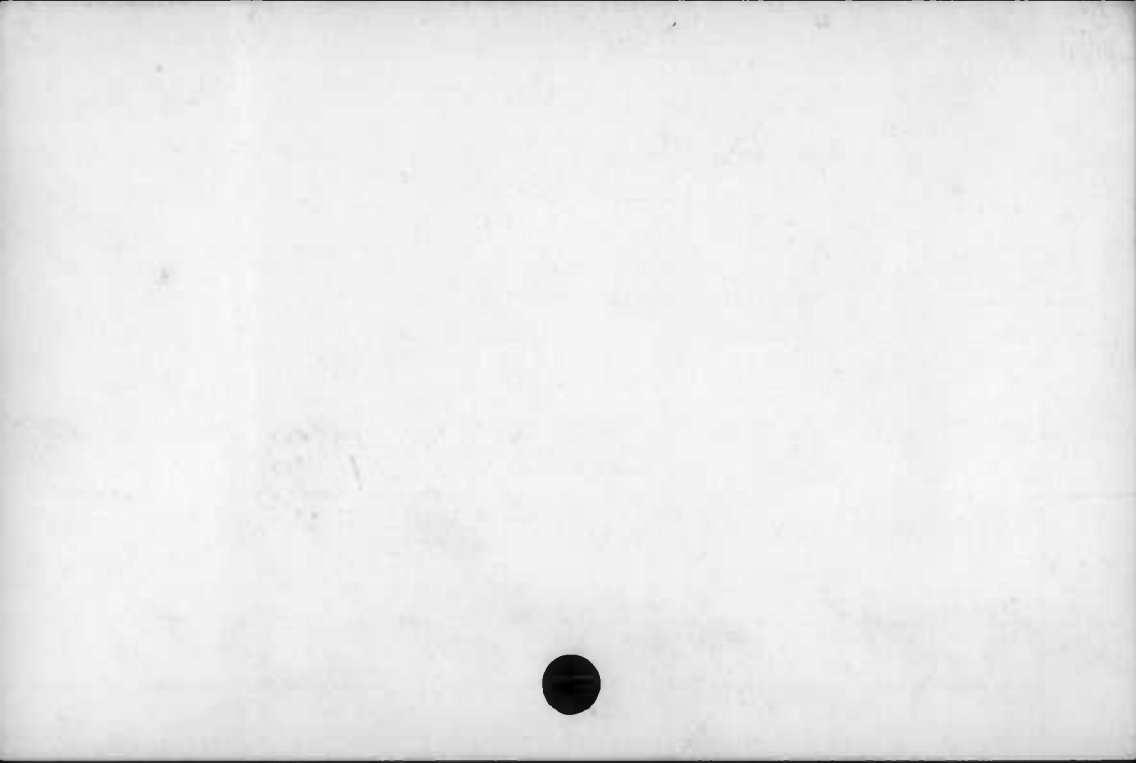
|                                   |      |                         |     |                                         |             |             |      |
|-----------------------------------|------|-------------------------|-----|-----------------------------------------|-------------|-------------|------|
| Died at                           |      | Town                    |     | County                                  |             | MARYLAND    |      |
| Date of death                     |      | Month                   | Day | Age                                     | Years       | Months      | Days |
| 1905                              |      | 1                       | 29  | 42                                      |             | X           |      |
| Sex                               | Male | Color or Race           |     | Black                                   | Birth-place |             | 246  |
| Occupation                        |      |                         |     | Where Residing if not at place of death |             |             |      |
| None                              |      |                         |     | —                                       |             |             |      |
| Married, Single or Widowed        |      | Name of Wife or Husband |     |                                         |             |             |      |
| Married                           |      | Unknown                 |     |                                         |             |             |      |
| Father's Name                     |      | Unknown                 |     | Father's Birthplace                     |             | Md          |      |
| Mother's Maiden Name              |      | Unknown                 |     | Mother's Birthplace                     |             | Md          |      |
| Name of person giving information |      | Nicholas Gassaway       |     | How related to deceased                 |             | No relation |      |

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

|                                                                      |             |                        |               |
|----------------------------------------------------------------------|-------------|------------------------|---------------|
| Primary                                                              | Uremia      | How long               | Several days  |
| Immediate                                                            | Convulsions | How long               | Several hours |
| Are the name, age, sex, color, date and place correctly given above? |             | Signature of Physician |               |
| yes                                                                  |             | U. G. Boune M.D.       |               |
|                                                                      |             | Address                |               |
|                                                                      |             | Frederick. Md          |               |
| Accident or Suicide?                                                 |             |                        |               |



Name  
in  
Full

Torone

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                     |                               |                       |                                  |                                         |        |            |  |
|-----------------------------------------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------------|--------|------------|--|
| Died at <i>Wolfville</i>                            |                               | Town <i>Frederick</i> |                                  | County                                  |        | MARYLAND   |  |
| Date<br>of death 1908                               | Month<br>9                    | Day<br>21             | Age                              | Years                                   | Months | Days<br>29 |  |
| Sex <i>Male</i>                                     | Color or<br>Race <i>White</i> |                       | Birth-<br>place <i>Wolfville</i> |                                         |        |            |  |
| Married, Single<br>or Widowed <i>Single</i>         |                               |                       | Occupation                       |                                         |        |            |  |
| Name of Wife or<br>Husband                          |                               |                       |                                  |                                         |        |            |  |
| Father's<br>Name <i>Chas Torone</i>                 |                               |                       |                                  | Father's<br>Birthplace <i>Wolfville</i> |        |            |  |
| Mother's<br>Maiden Name <i>Rhoda Lunnin</i>         |                               |                       |                                  | Mother's<br>Birthplace <i>"</i>         |        |            |  |
| Name of person giving<br>In formation <i>Father</i> |                               |                       |                                  | How related<br>to deceased              |        |            |  |

## CAUSES OF DEATH

105

How long

PHYSICIAN  
OR CORONER

|                                                                         |                         |                           |                       |
|-------------------------------------------------------------------------|-------------------------|---------------------------|-----------------------|
| Primary                                                                 | <i>Cholera Infantis</i> | How long                  |                       |
| Immediate                                                               | <i>"</i>                | How long                  | <i>5 days</i>         |
| Are the name, age, sex, color, date<br>and place correctly given above? |                         | Signature of<br>Physician | <i>F. W. Davidson</i> |
|                                                                         |                         | Address                   | <i>Wolfville</i>      |
| Accident or Suicide?                                                    |                         |                           |                       |





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Glady's Fressler* Town *Emmitsburg* County *Fredrick*

Died at *near Emmitsburg Fredrick*

Date of death *1908* Month *Sept* Day *4* Age *1* Years Months *-* Days *11*

Sex *Female* Color or Race *White* Birth-place *Del*

Occupation *Infant* Where Residing if not at place of death

Married, Single or Widowed *-* Name of Wife or Husband

Father's Name *Jess Fressler* Father's Birthplace *MD*

Mother's Maiden Name *Lynna Smith* Mother's Birthplace *Del*

Name of person giving information *Jess Fressler* How related to deceased *Father*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

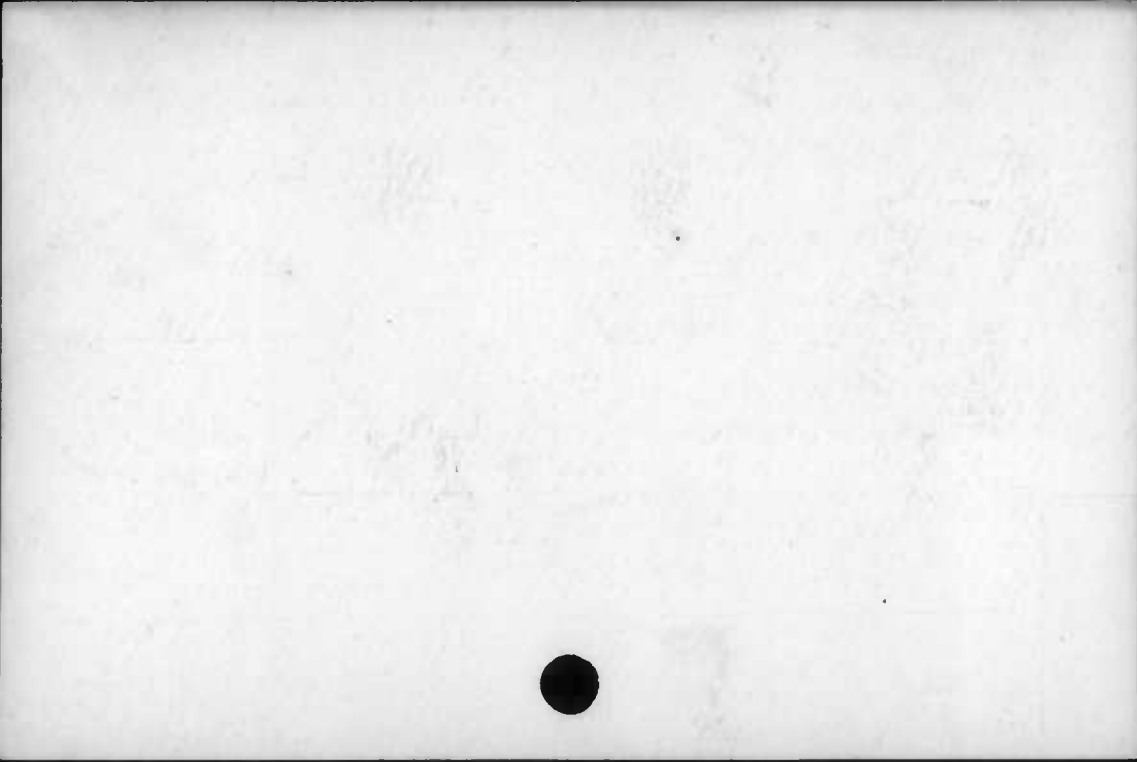
Primary *Cholera Infantum* How long *10 days*

Immediate *General antheria* How long *12 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *B. D. Jamison*

Address *Emmitsburg Md*

Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*George Tunstall*

Died at *Frederick* <sup>Town</sup> *Frederick* <sup>County</sup> **MARYLAND**

Date of death *1908* <sup>Month</sup> *9* <sup>Day</sup> *23* Age *1* <sup>Years</sup> *11* <sup>Months</sup> *4* <sup>Days</sup>

Sex *Male* Color or Race *Black* Birth-place *Frederick*

Occupation *~~~~~* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *~~~~~*

Father's Name *John Tunstall* Father's Birthplace *Mad*

Mother's Maiden Name *Cora Willis* Mother's Birthplace *"*

Name of person giving Information *John Tunstall* How related to deceased *Father*

## CAUSES OF DEATH

103

PHYSICIAN  
OR CORONER

Primary *Gastric Ulcer* How long *Six months*

Immediate *Peritonitis* How long *Week*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *B. S. Thomas*

Address *Frederick Md*

Accident or Suicide *~~~~~*

Interment Sep 25—1908

" at Laboring Sons Cemetery

Thomas P. Rice F. & O.,

Dr B. O. Thomas

Dr M. Cusdy,

Name  
in  
Full

Thomas Turner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

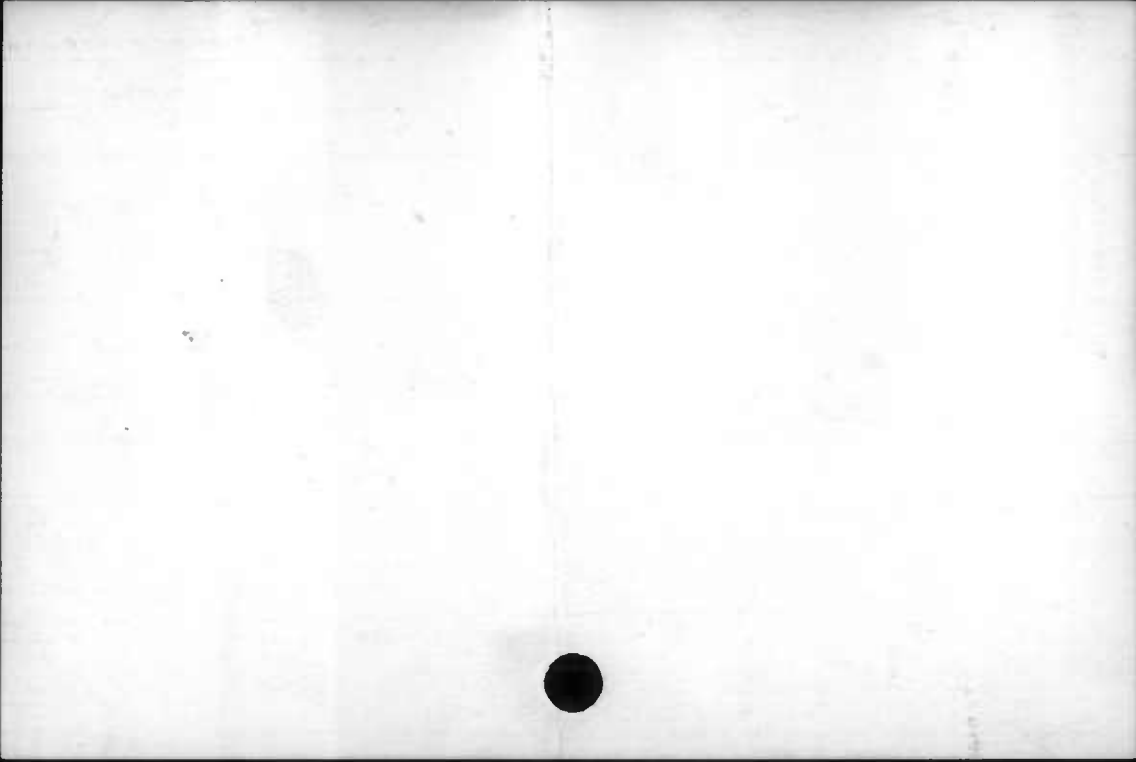
|                                                           |                                                                   |                                     |               |                         |                 |                |  |
|-----------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------|---------------|-------------------------|-----------------|----------------|--|
| Died at <i>Frederick</i>                                  |                                                                   | Town <i>Frederick</i>               |               | County <i>Frederick</i> |                 | MARYLAND       |  |
| Date of death <i>1908</i>                                 | Month <i>9</i>                                                    | Day <i>6</i>                        | Age <i>75</i> | Years                   | Months <i>2</i> | Days <i>25</i> |  |
| Sex <i>Male</i>                                           | Color or Race <i>White</i>                                        | Birth-place <i>Georgetown, D.C.</i> |               |                         |                 |                |  |
| Occupation <i>Physician</i>                               | Where Residing if not at place of death <i>125 W. Second St.,</i> |                                     |               |                         |                 |                |  |
| Married, Single or Widowed <i>Married</i>                 | Name of Wife or Husband <i>Rachel Breen Turner</i>                |                                     |               |                         |                 |                |  |
| Father's Name <i>Thomas Turner</i>                        | Father's Birthplace <i>England</i>                                |                                     |               |                         |                 |                |  |
| Mother's Maiden Name <i>Eleanor Pratt</i>                 | Mother's Birthplace <i>Maryland</i>                               |                                     |               |                         |                 |                |  |
| Name of person giving Information <i>Thomas M. Turner</i> | How related to deceased <i>Son</i>                                |                                     |               |                         |                 |                |  |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|                                                                                 |                                                 |
|---------------------------------------------------------------------------------|-------------------------------------------------|
| Primary <i>Tuberculosis -</i>                                                   | How long <i>10 years</i>                        |
| Immediate <i>Exhaustion</i>                                                     | How long                                        |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Franklin Buchanan</i> |
| <i>9</i>                                                                        | Address <i>Frederick Md</i>                     |
| Accident or Suicide                                                             |                                                 |



Name  
in  
Full

John Stalter

## CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

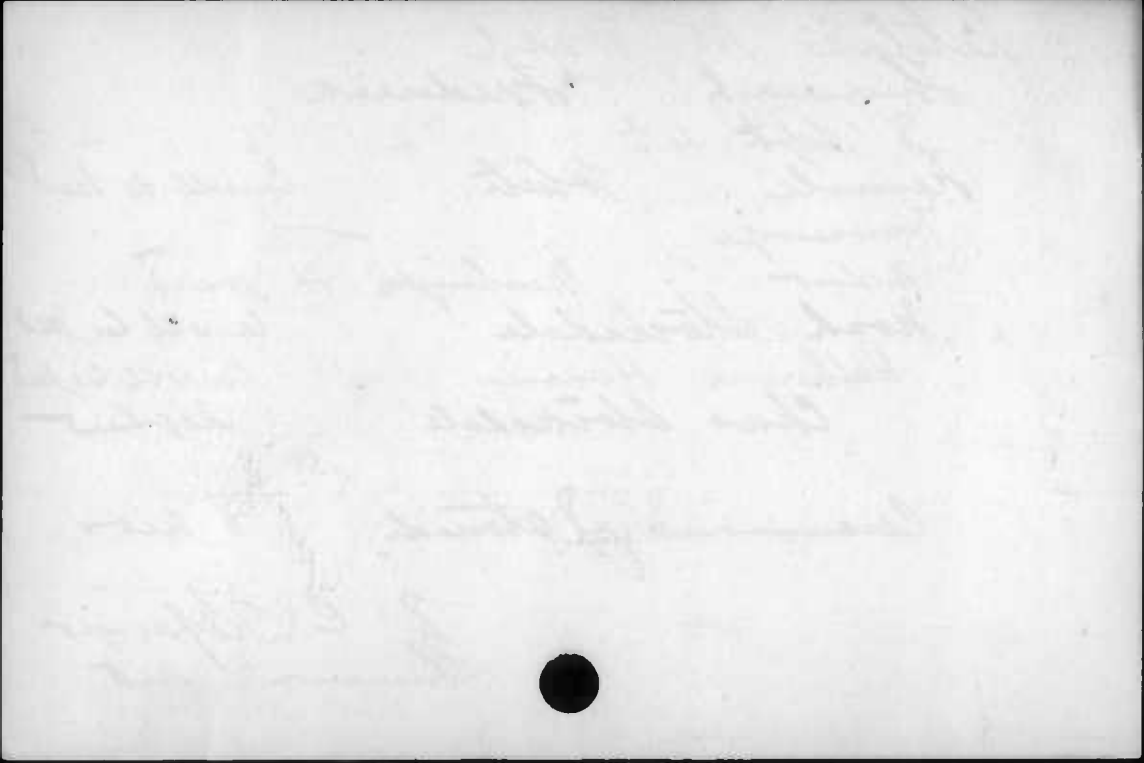
|                                                      |                                                           |                                    |                            |               |                                              |
|------------------------------------------------------|-----------------------------------------------------------|------------------------------------|----------------------------|---------------|----------------------------------------------|
| Died at <b>Emmitsburg</b> <sup>Town</sup>            |                                                           | <b>Frederick</b> <sup>County</sup> |                            | MARYLAND      |                                              |
| Date of death                                        | <b>1908</b>                                               | Month <b>Sept</b>                  | Day <b>10</b>              | Age <b>68</b> | Years <b>—</b> Months <b>—</b> Days <b>—</b> |
| Sex <b>Male</b>                                      | Color or Race <b>White</b>                                |                                    | Birth-place <b>Hermery</b> |               |                                              |
| Occupation <b>Police man</b>                         | Where Residing if not at place of death <b>Emmitsburg</b> |                                    |                            |               |                                              |
| Married, Single or Widowed <b>Married</b>            | Name of Wife or Husband <b>unk</b>                        |                                    |                            |               |                                              |
| Father's Name <b>unknown</b>                         | Father's Birthplace <b>unknown</b>                        |                                    |                            |               |                                              |
| Mother's Maiden Name <b>unknown</b>                  | Mother's Birthplace <b>unknown</b>                        |                                    |                            |               |                                              |
| Name of person giving information <b>M. F. Shuff</b> | How related to deceased <b>Under taker</b>                |                                    |                            |               |                                              |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|                                                                                   |                                             |
|-----------------------------------------------------------------------------------|---------------------------------------------|
| Primary <b>Aortic Stenosis</b>                                                    | How long <b>2 yrs</b>                       |
| Immediate <b>Hypertrophy of the heart</b>                                         | How long <b>3 wks</b>                       |
| Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>   | Signature of Physician <b>B. J. Jamison</b> |
|  | Address <b>Emmitsburg</b>                   |
|                                                                                   | <b>Ma</b>                                   |
| Accident or Suicide?                                                              |                                             |





Name  
in  
Full

Letitia M. Ward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

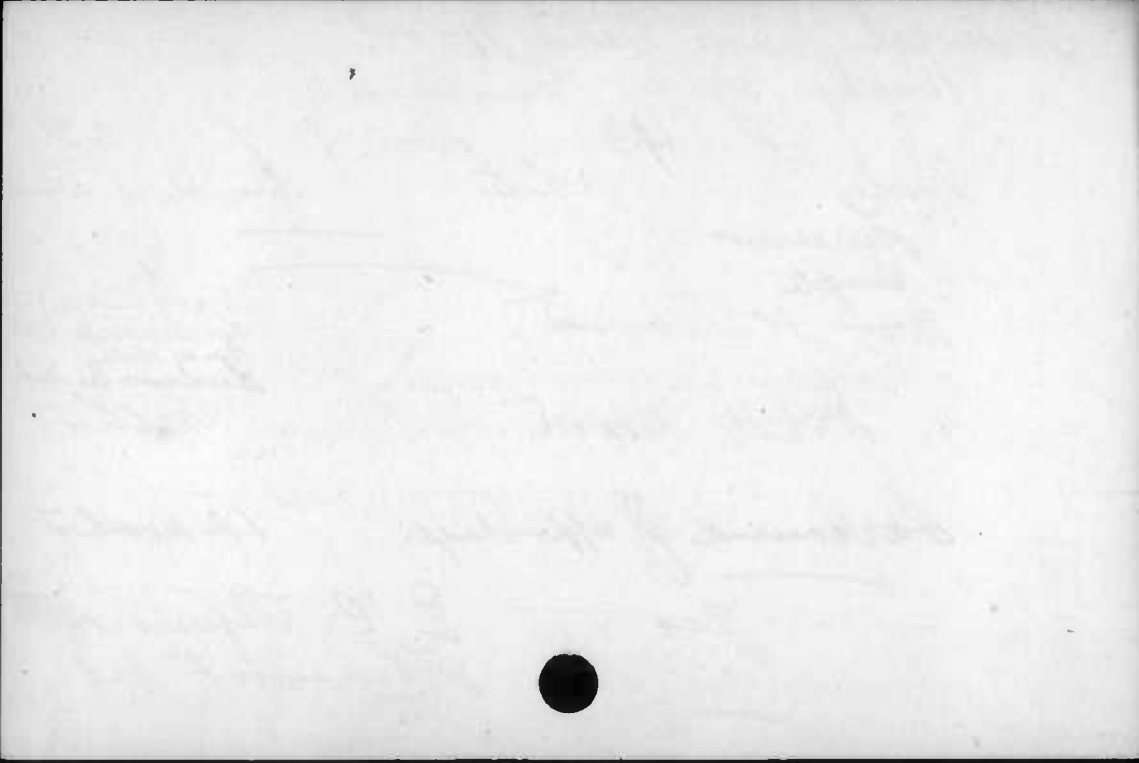
|                                                     |  |                                               |               |                              |           |            |             |
|-----------------------------------------------------|--|-----------------------------------------------|---------------|------------------------------|-----------|------------|-------------|
| Died at                                             |  | Town<br>Thurmont                              |               | County<br>Frederick          |           | MARYLAND   |             |
| Date of death                                       |  | 1908                                          | Month<br>Sept | Day<br>4 <sup>th</sup>       | Age<br>72 | Years<br>6 | Months<br>2 |
| Sex<br>Female                                       |  | Color or Race<br>White                        |               | Birth-place<br>Carroll Co Md |           |            |             |
| Occupation<br>Housewife                             |  | Where Residing if not at place of death<br>✓  |               |                              |           |            |             |
| Married, Single or Widowed<br>Widow                 |  | Name of Wife or Husband<br>Washington H. Ward |               |                              |           |            |             |
| Father's Name<br>Noah Stockdale                     |  | Father's Birthplace<br>Carroll Co, Md         |               |                              |           |            |             |
| Mother's Maiden Name<br>Catherine Harrier           |  | Mother's Birthplace<br>Carroll Co, Md         |               |                              |           |            |             |
| Name of person giving information<br>Chas Stockdale |  | How related to deceased<br>Nephew             |               |                              |           |            |             |

## CAUSES OF DEATH

(40)

PHYSICIAN  
OR CORONER

|                                                                        |                      |                                         |        |
|------------------------------------------------------------------------|----------------------|-----------------------------------------|--------|
| Primary                                                                | Carcinoma of stomach | How long                                | 8 mos. |
| Immediate                                                              |                      | How long                                |        |
| Are the name, age, sex, color, date and place correctly given above? ✓ |                      | Signature of Physician<br>J. C. Kessler |        |
|                                                                        |                      | Address<br>Thurmont, Md.                |        |
| Accident or Suicide?                                                   |                      |                                         |        |



Name  
in  
Full

Samuel James David Wood.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Rocky Ridge* Town *Frederick* CountyDate of death *1908* Month *Sept* Day *4<sup>th</sup>* Age *26* Years Months *7* Days *22*Sex *Male* Color of Race *White* Birth-place *Rocky Ridge Fred & Md*Occupation *Farmer* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *John H. Wood*Father's Birthplace *Rocky Ridge Frederick Co Md*Mother's Maiden Name *Mary E. Stambaugh*Mother's Birthplace *Rocky Ridge Frederick Co Md*Name of person giving information *John H. Wood*How related to deceased *Father*

## CAUSES OF DEATH

41

Primary *Sarcema of appendix*How long *10 months*Immediate *—*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*E. C. McFarver*  
*Thurmont. Md.*Accident or Suicide? *—*

Pokey Ridge

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Saml Jefferson Wright* Town *Brunswick* County *Indeek* MARYLAND

Died at *Brunswick* *Indeek*

Date of death 1908 *Sept* Month *26* Day Age *58* Years Months *2* Days *11*

Sex *male* Color or Race *white* Birth-place *Va*

Occupation *farmer* Where Residing if not at place of death *Virginia*

Married, Single or ~~Widowed~~ Name of Wife or Husband *Ann Susan Arnold*

Father's Name *Saml wright* Father's Birthplace *Va*

Mother's Maiden Name *Fairfax* Mother's Birthplace *Va*

Name of person giving Information *H C wright* How related to deceased *son*

CAUSES OF DEATH

**172**

PHYSICIAN  
OR CORONER

Primary *Found in River drowned* How long

Immediate

Are the name, age, sex, color, date and place correctly given above ? ☒

Signature of Physician *H H Heaps* Address *Brunswick*

Accident ☒

